

Decisions as of March 23rd @ 5:00 p.m.

LBB Manager: Julie Lindsey

Article II, Health and Human Services Total, Article II, Health and Human Services Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Department of Family and Protective Services (530)								
Total, Outstanding Items / Tentative Decisions	\$ 268,374,270	\$ 248,575,098	\$ -	\$ -	\$ 107,383,293	\$ 113,661,693	\$ 72,381,961	\$ 74,658,314
Total, Full-time Equivalents / Tentative Decisions	509.0	580.0	0.0	0.0	336.0	377.0	173.0	203.0
Department of State Health Services (537)								
Total, Outstanding Items / Tentative Decisions	\$ 146,446,980	\$ 158,271,490	\$ -	\$ -	\$ 40,450,258	\$ 40,450,258	\$ 25,978,954	\$ 25,978,954
Total, Full-time Equivalents / Tentative Decisions	111.4	110.4	0.0	0.0	34.0	33.0	62.0	62.0
Health and Human Services Commission (529)								
Total, Outstanding Items / Tentative Decisions	\$ 2,488,571,502	\$ 4,507,122,725	\$ -	\$ -	\$ (2,002,080,215)	\$ (1,638,659,775)	\$ 500,969,170	\$ 660,227,734
Total, Full-time Equivalents / Tentative Decisions	544.8	592.1	0.0	0.0	429.1	450.2	111.6	119.8
Special Provisions Relating to All Health and Human Services Agencies								
Total, Outstanding Items / Tentative Decisions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total, Full-time Equivalents / Tentative Decisions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total, Outstanding Items / Tentative Decisions	\$ 2,903,392,752	\$ 4,913,969,313	\$ -	\$ -	\$ (1,854,246,664)	\$ (1,484,547,824)	\$ 599,330,085	\$ 760,865,002
Total GR & GR-Ded Adopted Items less Cost-out Adjustments	\$ 2,903,392,752	\$ 4,913,969,313	\$ -	\$ -	\$ (1,854,246,664)	\$ (1,484,547,824)	\$ 599,330,085	\$ 760,865,002
	FY 2022	FY 2023	FY 2022	FY 2023	FY 2022	FY 2023	FY 2022	FY 2023
Total, Full-time Equivalents / Tentative Decisions	1165.2	1282.5	0.0	0.0	799.1	860.2	346.6	384.8

Article II, Health and Human Services Department of Family and Protective Services (530) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1		Pended Items		Adopted		Article XI	
		<u>2022-23 Biennial Total</u>		<u>2022-23 Biennial Total</u>		<u>2022-23 Biennial Total</u>		<u>2022-23 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Cost-Out Adjustments:									
1.	Align GR-D Account 5084, Child Abuse and Neglect Prevention Operating, with the Biennial Revenue Estimate. This would result in a savings to the bill.	\$ (2,801,403)	\$ (2,801,403)			\$ (2,801,403)	\$ (2,801,403)		
Technical Adjustments:									
1.	Reflect transfer of Adult Protective Services - Provider Investigations and Child Care Licensing Full-time Equivalent (FTE) positions from the Department of Family and Protective Services (DFPS) to the Health and Human Services Commission (HHSC). See HHSC Technical Adjustment #2.	\$ (1,441,960)	\$ (1,575,182)			\$ (1,441,960)	\$ (1,575,182)		
2.	Reallocate General Revenue from HHSC to DFPS for Centralized Accountings and Payroll/Personnel (CAPPS) Compliance Updates and increase interagency contracts at HHSC by a like amount. See HHSC Technical Adjustment #3	\$ 3,478,724	\$ 3,478,724			\$ 3,478,724	\$ 3,478,724		
Agency Requests:									
1.	Sustain Child Protective Services (CPS).								

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		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR-		GR & GR-		GR & GR-		GR & GR-	
		Dedicated	All Funds	Dedicated	All Funds	Dedicated	All Funds	Dedicated	All Funds
a.	Maintain Purchased Client Services at Current Levels. Funding would maintain the higher fiscal year 2020 base amounts which included transfers to purchased client services strategies B.1.4, Adoption Purchased Services, B.1.7, Substance Abuse Purchased Services and B.1.8, Other CPS Purchased Services. Senate Bill (SB) 1 includes a total of \$127.5 million in All Funds for these strategies.	\$ 35,081,852	\$ 35,084,832					\$ 35,081,852	\$ 35,084,832
b.	Foster Care Payments. Funding would align to the agency's forecasted need. SB 1 includes \$1,088.8 million in All Funds to align to the LBB forecast.	\$ 81,842,109	\$ 52,979,717						
c.	Partially Restore Travel Funding for CPS Staff. The request would restore travel funding for CPS staff that was included agency's five percent reduction plan. DFPS will continue a reduction to the mileage reimbursement. SB 1 includes a total reduction of \$10.1 million in General Revenue for travel and mileage reimbursement across all programs.	\$ 8,413,547	\$ 9,305,374			\$ 3,616,640	\$ 4,000,000		
2.	Comply with Federal Court Order in Foster Care Lawsuit. SB 1 does not include any funding for the requested items.								

Adopted partial request of \$4.0M All Funds.

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		GR & GR-		GR & GR-		GR & GR-		GR & GR-	
		Dedicated	All Funds	Dedicated	All Funds	Dedicated	All Funds	Dedicated	All Funds
a.	Staff to Remain within Court Mandated Caseload Guidelines. Funding would provide staff and funding to meet the fiscal year 2021 CVS target of 16.2 children per worker. FTE request totals 253.0 in fiscal year 2022 and 312.0 in fiscal year 2023 192.0 Conservatorship (CVS) Staff 27.0 CVS Supervisors 27.0 CVS Case Aids 27.0 CVS Administrative Assistants 5.0 CVS Program Directors 5.0 CVS Program Director Clerks 1.0 CVS Program Administrator 1.0 CVS Program Administrator Assistant 27.0 Non-Direct Delivery Staff (Administrative Support)	\$ 36,404,104	\$ 40,194,026			\$ 18,202,052	\$ 20,097,013	\$ 18,202,052	\$ 20,097,013
							Adopted half of agency request of \$20.1M All Funds and 127.0/156.0 FTEs. Remainder of request adopted into Article XI.		
b.	Heightened Monitoring of Residential Facilities. Funding would provide 103.0 additional staff which DFPS has identified as necessary to comply with the heightened monitoring requirements included in the lawsuit. These include Facility Intervention Team Staffing (FITS), staff to respond to FITS team findings, and a Child Safety Response Team.	\$ 15,266,058	\$ 16,489,280			\$ 15,266,058	\$ 16,489,280		

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		Dedicated	All Funds	Dedicated	All Funds	Dedicated	All Funds	Dedicated	All Funds
c.	Residential Child Care Investigations Staff. Funding would support the increased number of Investigations staff required after the DFPS implemented policy changes that eliminated the majority of reclassifications of intakes to Priority None.	\$ 7,951,931	\$ 8,073,096			\$ 2,000,000	\$ 2,030,474	\$ 5,951,931	\$ 6,042,622
						Adopted partial request of \$2.0M All Funds and 15.0/15.0 FTEs. Remainder of request adopted into Article XI.			
d.	Permanent Management Conservatorship Case Reads. Funding would provide staff to meet the lawsuit requirement to maintain documentation involving all children in PMC who were alleged victims or aggressors/perpetrators of child sexual aggression and/or sexual abuse.	\$ 676,448	\$ 747,752			\$ 676,448	\$ 747,752		
e.	IT Projects to Meet Case Orders. Funding would update Information Management Protecting Adults and Children in Texas (IMPACT) and the DFPS Case Management System.	\$ 3,122,001	\$ 3,557,213			\$ 3,122,001	\$ 3,557,213		
f.	Court Monitor Fees. Represents only the DFPS portion of costs. See also HHSC agency request #2a which totals \$6,239,798 in All Funds.	\$ 19,680,000	\$ 19,680,000			\$ 19,680,000	\$ 19,680,000		
g.	FTE Authority for Current Compliance Related Staff. This item maintains existing FTE authority created within the agency for lawsuit compliance. This item has no cost.	\$ -	\$ -			Adopt			

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		GR & GR- Dedicated		GR & GR- Dedicated		GR & GR- Dedicated		GR & GR- Dedicated	
		All Funds		All Funds		All Funds		All Funds	
3.	Expand Community-based Care (CBC). SB 1 includes a total of \$588.9 million in All Funds for Community-based Care in Stages I and II in Regions 3B, 2, and 8A and Stage I in Regions 1 and 8B.								
a.	Region 1, Stage II. Funding includes costs to implement Stage II and related case oversight staff.	\$ 22,368,219	\$ 23,988,535			\$ 22,368,219	\$ 23,988,535		
b.	Region 8B, Stage II. Funding includes costs to implement Stage II and related case oversight staff.	\$ 6,996,094	\$ 7,404,496			\$ 6,996,094	\$ 7,404,496		
c.	Region 3E, Stage I. Funding includes costs to implement Stage I and for staff for administration, contract management, implementation support and finance.	\$ 6,822,043	\$ 7,011,726			\$ 6,822,043	\$ 7,011,726		
d.	Region 9, Stage I. Funding includes costs to implement Stage I and for staff for administration and contract management.	\$ 1,996,667	\$ 2,044,634			\$ 1,996,667	\$ 2,044,634		
e.	Region 4, Stage I. Funding includes costs to implement Stage I and for staff for administration and contract management.	\$ 2,109,505	\$ 2,159,089			\$ 2,109,505	\$ 2,159,089		

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		GR & GR-		GR & GR-		GR & GR-		GR & GR-	
		Dedicated	All Funds	Dedicated	All Funds	Dedicated	All Funds	Dedicated	All Funds
f.	Region 5, Stage I. Funding includes costs to implement Stage I and for staff for administration and contract management.	\$ 1,504,614	\$ 1,543,141			\$ 1,504,614	\$ 1,543,141		
g.	Random Moment in Time Study for CBC Stage II. Funding to establish a cost allocation methodology in alignment with the agency's approved DFPS Public Assistance Cost Allocation plan for any Region entering stage II of CBC.	\$ 350,000	\$ 350,000			\$ 350,000	\$ 350,000		
4.	Expand Prevention Services.								
a.	STAR (Family and Youth Success Program). Funding would provide services for an additional 4,133 families. SB 1 includes \$48.8 million in All Funds.	\$ 3,886,304	\$ 3,886,304					\$ 3,886,304	\$ 3,886,304
b.	Healthy Outcomes through Prevention and Early Support (HOPES). Funding would provide services for an additional 1,429 families. SB 1 includes \$47.8 million in All Funds to serve 7,948 families.	\$ 4,286,312	\$ 4,286,312					\$ 4,286,312	\$ 4,286,312

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		GR & GR- Dedicated		GR & GR- Dedicated		GR & GR- Dedicated		GR & GR- Dedicated	
		All Funds		All Funds		All Funds		All Funds	
c.	Prevention Services for Military and Veteran Families. Funding would provide services for an additional 1,101 families. SB 1 includes \$3.2 million in General Revenue to serve 1,762 families.	\$ 1,000,000	\$ 1,000,000					\$ 1,000,000	\$ 1,000,000
d.	Staffing Support for Prevention Services. Funding would provide contract management support. SB 1 includes \$15.1 million in All Funds for Strategy 3.1.6, Provide Program Support for At-Risk Prevention Services.	\$ 827,384	\$ 827,384					\$ 827,384	\$ 827,384
5.	Family First Prevention Services Act (FFPSA). This item serves as a placeholder to discuss implementation of the federal bill. SB 1 does not include federal funding or assumed General Revenue losses for FFPSA.	\$ -	\$ -						
6.	Data Center Services Consolidation. Funding would maintain ongoing and cost increases due to transition to a new Microsoft Office 365 Enterprise Licensing model. SB 1 includes \$18.0 million in All Funds.	\$ 3,146,126	\$ 3,433,847					\$ 3,146,126	\$ 3,433,847

		Outstanding Items for Consideration				Tentative Workgroup Decisions			
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		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
7.	Realign Screener Staff from CPS to Statewide Intake. This item would transfer the screener function, including FTEs and funding, to Statewide Intake to focus on screening cases of abuse and neglect earlier in the process. This item has no cost.	\$ -	\$ -			Adopt			
8.	Funding for Adult Protective Services Program Support. Funding would maintain fiscal year 2021 base funding level. SB 1 includes \$8.4 million in All Funds.	\$ 636,188	\$ 654,798			\$ 636,188	\$ 654,798		
9.	General Revenue for Projected Children's Trust Fund Revenue Loss. Due to long-term declining marriage license revenue, requested funding would replace the related dedicated revenue with General Revenue. SB 1 includes \$11.4 million in GR-D Account 5084, Child Abuse and Neglect Prevention Operating.	\$ 4,771,403	\$ 4,771,403			\$ 2,801,403	\$ 2,801,403		
						Adopted partial request equal to the amount of the reduction adopted in Cost-Out Adjustment #1.			
10.	Revise Rider 5, Limitation on Transfers: Foster Care, Adoption Subsidy, Permanency Care Assistance, and Relative Caregiver Payments, to require notification instead of written approval for transfers into or out of the foster care, adoption subsidy, permanency care assistance and relative caregiver strategies.	\$ -	\$ -			Adopt as Amended			

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		GR & GR-		GR & GR-		GR & GR-		GR & GR-	
		Dedicated	All Funds	Dedicated	All Funds	Dedicated	All Funds	Dedicated	All Funds
11.	Revise Rider 6, Other Reporting Requirements, to submit quarterly reports within 60 days of the end of the fiscal quarter instead of 30 days.	\$ -	\$ -			Adopt			
12.	Revise Rider 7, Limitation on Expenditures for Texas Workforce Commission (TWC) Contracted Day Care, to require written notification instead of written approval for transfers into or out of the day care strategy.	\$ -	\$ -			Adopt as Amended			
13.	Revise Rider 10, Limitation on Transfers: CPS and APS Direct Delivery Staff, to require written notification instead of written approval for transfers into or out of direct delivery strategies.	\$ -	\$ -			Adopt as Amended			
14.	Revise Rider 11, Medicaid and Title IV-E Federal Funds, to require written notification instead of written approval to expend General Revenue and TANF federal funds freed up by increased federal entitlement funds.	\$ -	\$ -						
15.	Revise Rider 27, Limitations: Community-based Care Payments, to require written notification instead of written approval for transfers into the direct delivery staff strategy and request to report actual expenditures within 60 days of the end of the fiscal quarter instead of 30 days.	\$ -	\$ -						
16.	Revise Rider 31, Purchased Client Services Reporting and Limitations, to change the report due date from November 1 to January 1 and request to require written notification instead of written approval for transfers into or out of the purchased client services strategies.	\$ -	\$ -						
17.	Revise Rider 36, Community-based Care Oversight Staff, to update strategy reference.	\$ -	\$ -			Adopt			

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		GR & GR- Dedicated		GR & GR- Dedicated		GR & GR- Dedicated		GR & GR- Dedicated	
		All Funds		All Funds		All Funds		All Funds	
18.	Revise Rider 37, Federal Funds Maximization, to delete written approval required to expend matched General Revenue as unmatched General Revenue.	\$ -	\$ -						
19.	Add Rider 38, Community-based Care Stage III Incentives and Penalties, to authorize DFPS to award incentives and issue financial remedies related to provider performance.	\$ -	\$ -			Adopt			
Workgroup Revisions and Additions:									
1.	Add a new rider to direct the funding in Strategy B.1.1, CPS Direct Delivery Staff, to be used to maintain a caseload of 16.2 children per Conservatorship caseworker.	\$ -	\$ -			Adopt			
2.	Add a new rider requiring the agency to submit the Random Moment in Time Study funded above in exceptional item #2(g) to the Legislature and the Governor upon completion.	\$ -	\$ -			Adopt			
3.	Revise agency Rider 37, Federal Funds Maximization, to include a reporting requirement on children in conservatorship of the state placed in congregate care settings.	\$ -	\$ -			Adopt			
4.	Add a new rider requiring the use of CPS funding to ensure children in foster care receive information on the Commission's Ombudsman.	\$ -	\$ -			Adopt			
Total, Outstanding Items / Tentative Decisions		\$ 268,374,270	\$ 248,575,098	\$ -	\$ -	\$107,383,293	\$113,661,693	\$ 72,381,961	\$ 74,658,314
		FY 2022	FY 2023	FY 2022	FY 2023	FY 2022	FY 2023	FY 2022	FY 2023
Total, Full-time Equivalent / Tentative Decisions		509.0	580.0	0.0	0.0	336.0	377.0	173.0	203.0

Article II, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Cost-Out Adjustments:								
1. Increase General Revenue-Dedicated Account No. 5048, Permanent Hospital Fund for Capital Improvements and the Texas Center for Infectious Disease, appropriations by \$13,271 in fiscal year 2022 and \$27,706 in fiscal year 2023 to align with the Comptroller's Biennial Revenue Estimate and reduce General Revenue by a like amount. Also, revise Rider 20, Permanent Hospital Fund. This would result in a savings to the bill.	\$ -	\$ -			Adopt			
2. Reduce General Revenue-Dedicated Account No. 524, Public Health Services Fee, by \$5,843,372 to align with the Comptroller's Biennial Revenue Estimate and increase General Revenue by a like amount. See Department of State Health Services (DSHS) Workgroup Revision #1.	\$ -	\$ -			Adopt			
Technical Adjustments:								
1. Reflect transfer of 10.0 Full-time Equivalent (FTE) positions from the Health and Human Services Commission (HHSC) to DSHS for Texas Center for Infectious Disease security positions. See HHSC Technical Adjustment #1.	\$ -	\$ -			Adopt			
2. Reallocate General Revenue from HHSC to DSHS for Centralized Accountings and Payroll/Personnel (CAPPS) Compliance Updates and increase interagency contracts at HHSC by a like amount. See HHSC Technical Adjustment #3.	\$ 915,676	\$ 915,676			\$ 915,676	\$ 915,676		

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Agency Requests:								
1. HIV/STD Medication Funding. Agency-identified funding need due to higher than expected costs for HIV medications. SB 1 includes \$247.9 million in All Funds for HIV/STD Medications.	\$ 103,358,765	\$ 103,358,765			\$ 35,000,000	\$ 35,000,000		
					Adopted partial request of \$35.0M All Funds.			
2. Rural and Frontier Public Health (36.0/36.0 FTEs). Funding would provide for 14 additional rural and frontier public health field offices and 30.0 FTEs to provide essential public health services including surveillance, treatment, and prevention of infectious disease. Funding would also provide for 3 mobile clinic vehicles and 6.0 FTEs to serve harder-to-reach areas.	\$ 13,058,537	\$ 13,058,537					\$ 13,058,537	\$ 13,058,537
3. Consumer Protection and Safety								
a. Food Safety FTEs (25.0/25.0). Funding would provide \$3,881,181 for 25.0 additional Food Safety FTEs to address deficiencies identified in an audit related to providing an adequate level of licensure, inspection, and enforcement activities; funding would also provide \$2,012,070 to increase salaries to prevent turnover in public health sanitarian positions.	\$ 5,893,251	\$ 5,893,251			\$ 2,946,626	\$ 2,946,626		
					Adopted half of agency request of \$2.9M All Funds and 13.0/13.0 FTEs.			

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b.	Hemp Program (3.4/3.4 FTEs). Funding would provide for additional FTEs for the hemp program to align with anticipated license and registrations, product testing, and enforcement activities. Senate Bill 1 (SB 1) includes \$1.2 million in General Revenue and 4.2 FTEs for hemp regulation.	\$ 590,470	\$ 590,470						
c.	Customer Service Efficiency (1.0/0.0 FTEs). Funding would improve the functionality of the online licensure and registration system to address delays in processing times for inspecting, licensing, and relicensing businesses regulated by DSHS. Also, revise Rider 2, Capital Budget.	\$ 1,181,028	\$ 1,181,028			\$ 1,181,028	\$ 1,181,028		
4.	Effective Business Operations								
a.	Fiscal Management FTEs (25.0/25.0 FTEs). Funding would provide \$4,593,714 for additional Fiscal Management FTEs and \$2,964,464 to increase salaries to reduce turnover to ensure sufficient monitoring of awarded and appropriated funds including timely billing, payment, and cost recoupment.	\$ 7,558,278	\$ 7,558,278					\$ 7,558,278	\$ 7,558,278

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b.	Data Center Services. Funding would provide for ongoing and increased costs for Data Center Services following significant upgrades to infectious disease surveillance systems. Also, revise Rider 2, Capital Budget. SB 1 includes \$27.4 million in All Funds for Data Center Services.	\$ 8,121,908	\$ 19,946,418						
c.	Health Registries (1.0/1.0 FTE). Funding would provide for a system viability assessment for the information technology platform used for DSHS health registries including the Texas Birth Defects Registry, Blood Lead Registry, Tuberculosis/Human Immunodeficiency Virus/Sexually Transmitted Diseases Integrated System, and the Emergency Medical Services and Trauma Registry.	\$ 5,362,139	\$ 5,362,139					\$ 5,362,139	\$ 5,362,139
d.	Vital Statistics FTEs (10.0/10.0 FTEs). This item would provide FTE authority for Vital Statistics to support DSHS in maintaining a low backlog of vital records requests. This item has no cost. SB 1 includes 180.5 FTEs in Vital Statistics.	\$ -	\$ -			Adopt			

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e.	Texas Center for Infectious Disease (TCID) Repair and Renovation. This item would provide \$888,000 in capital budget authority for TCID Repair and Renovation to replace and repair the chiller, hospital room equipment, and kitchen equipment. Also, revise Rider 2, Capital Budget. SB 1 includes funding for TCID, agency is requesting capital budget authority only. This item has no cost.	\$ -	\$ -				Adopt		
5.	Revise Rider 3, Appropriations Limited to Revenue Collections, to remove accounts in which recommendations exceed projected revenue collections.	\$ -	\$ -				Adopt as Amended		
6.	Revise Rider 7, Appropriation: Contingent Revenue, to add revenue object 3554 in the General Revenue Fund for consumable hemp products and to add a contingency that allows the agency to increase FTEs if additional revenue from hemp is available.	\$ -	\$ -						
7.	Revise Rider 22, Maternal Mortality and Morbidity, to update method-of-finance from Federal Funds to All Funds to allow flexibility in funds used for the programs.	\$ -	\$ -				Adopt		
Workgroup Revisions and Additions:									

		Outstanding Items for Consideration				Tentative Workgroup Decisions			
Article II, Health and Human Services Department of State Health Services (537) Items Not Included in Bill as Introduced		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
1.	Revise agency Rider 7, Appropriation: Contingent Revenue, to direct the Comptroller to offset any revenue received in Account No. 524 above the Biennial Revenue Estimate (BRE) up to the amount of General Revenue provided to the agency in the Cost-out Adjustment #2 above.	\$ -	\$ -				Adopt		
2.	Add new rider to direct the agency to maximize state and federal funding appropriated to the HIV/AIDS program (see agency exceptional item #1).	\$ -	\$ -				Adopt		
3.	Add new rider to appropriate Consumable Hemp revenue received by the state above amounts included in their appropriations up to \$598,992 in each fiscal year (see exceptional item #3(b) and 6 above).	\$ -	\$ -				Adopt		
4.	Restore funding from five percent reduction to Regional Advisory Councils (RACs) and EMS programs.	\$ 406,928	\$ 406,928			\$ 406,928	\$ 406,928		
Total, Outstanding Items / Tentative Decisions		\$ 146,446,980	\$ 158,271,490	\$ -	\$ -	\$ 40,450,258	\$ 40,450,258	\$ 25,978,954	\$ 25,978,954
		FY 2022	FY 2023	FY 2022	FY 2023	FY 2022	FY 2023	FY 2022	FY 2023
Total, Full-time Equivalents / Tentative Decisions		111.4	110.4	0.0	0.0	34.0	33.0	62.0	62.0

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Cost-Out Adjustments:								
1. Reduce General Revenue Account No. 8046, Vendor Drug Rebates - Public Health to align with the Comptroller's Biennial Revenue Estimate. This would result in a savings to the bill.	\$ (6,623,946)	\$ (6,623,946)			\$ (6,623,946)	\$ (6,623,946)		
Technical Adjustments:								
1. Reflect transfer of 10.0 Full-time Equivalent (FTE) positions from the Health and Human Services Commission (HHSC) to the Department of State Health Services (DSHS) for Texas Center for Infectious Disease security positions. See DSHS Technical Adjustment #1.	\$ -	\$ -			Adopt			
2. Reflect transfer of Adult Protective Services - Provider Investigations and Child Care Licensing FTEs from the Department of Family and Protective Services (DFPS) to HHSC. See DFPS Technical Adjustment #1.	\$ 1,441,960	\$ 1,575,182			\$ 1,441,960	\$ 1,575,182		
3. Reallocate General Revenue to DSHS and DFPS for Centralized Accountings and Payroll/Personnel (CAPPS) Compliance Updates and increase interagency contracts at HHSC by a like amount. See DFPS Technical Adjustment #2 and DSHS Technical Adjustment #2.	\$ (4,394,400)	\$ (4,394,400)			\$ (4,394,400)	\$ (4,394,400)		
4. Reallocate \$10.0 million in General Revenue from Strategy D.2.1, Community Mental Health Services - Adults, to Strategy D.2.3, Community Mental Health Crisis Services, to restore a transfer associated with the Harris County Jail Diversion program that had been assumed in Senate Bill 1 (SB 1).	\$ -	\$ -			Adopt			
5. Update method-of-finance listing in Rider 22, Use of Additional CHIP Revenue.	\$ -	\$ -			Adopt			

		Outstanding Items for Consideration				Tentative Workgroup Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
6.	Update amounts in Rider 38, Funding for Healthy Texas Women Plus.	\$ -	\$ -			Adopt			
Other Budget Recommendations									
1.	GR-D Compensation to Victims of Crime Account 469 Balance Deficiency. Amounts in the introduced General Appropriations Bill is projected to result in a negative fund balance at the end of FY 2023. Beginning FY 2022 balances are estimated by OAG to be \$11.2 million with revenues of \$133.7 million over the biennium (total available \$145 million). Funding in the introduced bill, including End of Article benefits includes \$158.8 million, detailed below, resulting in a negative ending balance of \$13.8 million. In addition, the OAG maintains a \$10 million emergency reserve in case crime victim claims exceed projections and an additional 5 percent excess revenue for certification (\$6.2million) required by statute (Code of Criminal Procedure, Article 56B.460). If those amounts are factored in, the resulting negative balance is \$30.3 million.								
	Funding in the introduced bill includes a total of \$158,755,404: - Attorney General: \$125,245,380 - Health and Human Services Commission: \$20,459,688 - End of Article: \$13,050,336								
2.	GR-D Sexual Assault Program Account 5010 Balance Deficiency. Amounts in the introduced General Appropriations Bill is projected to result in a negative fund balance at the end of FY 2023. Beginning FY 2022 balances are estimated by OAG to be \$3.7 million with revenues of \$37.8 million over the biennium (total available \$41.5 million). Funding in the introduced bill, including End of Article benefits includes \$52.7 million, detailed below, resulting in a negative ending balance of \$11.2 million.								

		Outstanding Items for Consideration				Tentative Workgroup Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in SB 1 <u>2022-23 Biennial Total</u> GR & GR-DedicatedAll Funds		Pended Items <u>2022-23 Biennial Total</u> GR & GR-DedicatedAll Funds		Adopted <u>2022-23 Biennial Total</u> GR & GR-DedicatedAll Funds		Article XI <u>2022-23 Biennial Total</u> GR & GR-DedicatedAll Funds	
Funding in the introduced bill includes a total of \$52,677,297: - Attorney General: \$19,208,611 - Governor Trusteed Programs: \$2,000,000 - Health and Human Services Commission: \$10,000,000 - Supreme Court: \$10,000,000 - Department of Public Safety: \$9,900,022 - End of Article (benefits for DPS staff): \$1,558,664									
Agency Requests:									
1. Provide for Client Services Cost Growth in the 2022-23 biennium.									
a. Medicaid Entitlement. SB 1 includes \$65,809.9 million in All Funds for Medicaid entitlement services.		\$ 1,440,969,855	\$ 2,654,236,205						
b. Medicaid Intensive Behavioral Intervention (IBI) Services. Funding would provide for a full biennium of Medicaid IBI services to individuals with autism spectrum disorder. SB 1 includes \$111.9 million in All Funds for Medicaid IBI services. Note, this amount is included in, not in addition to, the amount for Medicaid entitlement services above.		\$ 80,523,451	\$ 198,504,300						
c. Medicaid Non-entitlement. SB 1 includes \$3,572.4 million in All Funds for Medicaid non-entitlement client services.		\$ 9,930,076	\$ (27,101,944)						
d. Children's Health Insurance Program (CHIP). SB 1 includes \$1,791.3 million in All Funds for CHIP client services.		\$ 45,919,309	\$ 138,720,061						

		Outstanding Items for Consideration				Tentative Workgroup Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in SB 1 <u>2022-23 Biennial Total</u>		Pended Items <u>2022-23 Biennial Total</u>		Adopted <u>2022-23 Biennial Total</u>		Article XI <u>2022-23 Biennial Total</u>	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
e.	Temporary Assistance for Needy Families (TANF) Cash Assistance. SB 1 includes \$93.4 million in All Funds for TANF Cash Assistance.	\$ 8,552,054	\$ 8,552,054						
2.	Residential Child Care Regulation (RCCR).								
a.	Respond to Foster Care Litigation. (140.9/144.0 FTEs) Funding would support activities to comply with court order in the foster care lawsuit, including implementing caseload guidelines, performing heightened monitoring of certain residential child care facilities, reimbursing court monitors, and necessary technology changes to the Childcare Licensing Automated Support System (CLASS). Funding would also support a Compliance/Quality Assurance team and support staff. Also, revise Rider 2, Capital Budget.	\$ 30,952,789	\$ 30,952,789			\$ 29,032,991	\$ 29,032,991		
						Adopted partial request of \$29.0M All Funds and 140.9/144.0 FTEs.			
b.	Migrate RCCR IT Systems from DFPS to HHSC and Perform Upgrades to WebLogic. (9.0/9.0 FTEs) Funding would provide for the migration of CLASS, CLASSMate, and Public and Provide systems from DFPS to HHSC. Funding would also upgrade WebLogic. Also, revise Rider 2, Capital Budget.	\$ 7,280,267	\$ 7,280,267			\$ 7,280,267	\$ 7,280,267		
3.	Provide Direct Acting Antiviral (DAA) Treatment for Hepatitis C Virus (HCV).								
a.	Medicaid. Funding would provide DAA treatment for an estimated 6,656 Medicaid clients with HCV.	\$ 44,404,579	\$ 112,902,565			\$ 20,000,000	\$ 51,170,567		
						Adopted partial request of \$51.2M All Funds.			

		Outstanding Items for Consideration				Tentative Workgroup Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
	b. State Hospitals. Funding would provide DAA treatment for an estimated 280 state hospital residents with HCV.	\$ 2,853,914	\$ 2,853,914			\$ 1,293,472	\$ 1,293,472		
						Adopted partial request of \$1.3M All Funds.			
4.	Community Care Waiver Slots. (56.5/64.5 FTEs) Funding would provide for additional community care waiver slots, including: - 224 Community Living Assistance and Support Services (CLASS) slots - 13 Deaf-blind Multiple Disabilities (DBMD) slots - 2,057 Home and Community-based Services (HCS) slots, including 919 slot for Promoting Independence diversion and transition and 1,138 slots for interest list reduction - 185 Texas Home Living (TxHmL) slots - 220 Medically Dependent Children Program (MDCP) slots - 812 STAR+PLUS Home and Community-based Services (HCBS) slots Funding would also provide additional FTEs to support the new waiver slots by performing eligibility determination and enrollment, utilization review, contract management, and regulatory support.	\$ 74,446,481	\$ 191,097,390			\$ 20,000,000	\$ 51,338,193	\$ 54,446,481	\$139,759,197
						Adopted partial request of \$51.3M All Funds and 0.0 FTEs. Remainder of request adopted into Article XI.			
5.	Medicaid Management Information System (MMIS)								
	a. Procurement and Transition. Funding would support modernization of MMIS, including initial procurements and transition to new vendors. Also, revise Rider 2, Capital Budget.	\$ 31,644,412	\$ 266,406,192			\$ 31,644,412	\$ 266,406,192		

		Outstanding Items for Consideration				Tentative Workgroup Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
b.	Vendor Drug Program Pharmacy Benefits Services Modernization. Funding would support transition of the current Vendor Drug Program (VDP) to the VDP Pharmacy Benefits Services Modernization solution. Also, revise Rider 2, Capital Budget.	\$ 2,928,372	\$ 25,213,488			\$ 2,928,372	\$ 25,213,488		
6.	Expand Electronic Visit Verification (EVV) to Home Health Services to Comply with 21st Century Cures Act.								
a.	Transaction Costs. Funding would support transaction costs associated with expanding EVV to home health services.	\$ 753,750	\$ 3,015,000			\$ 753,750	\$ 3,015,000		
b.	Update Claims Administrator Systems. Funding would provide for updates to systems managed by the Texas Claims Administrator which are necessary in order to process claims and EVV data for home health services.	\$ 150,000	\$ 1,500,000			\$ 150,000	\$ 1,500,000		
c.	Update Contracted Vendor Systems. Funding would provide for update to EVV vendor systems which are necessary to expand EVV to home health services.	\$ 350,000	\$ 3,500,000			\$ 350,000	\$ 3,500,000		
7.	Information Technology (IT) Threat and System Stabilization and Restoration.								

		Outstanding Items for Consideration				Tentative Workgroup Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
a.	System-wide Business Enablement Platform (SWBEP). (15.2/15.2 FTEs) Funding would support continuation of the SWBEP and migration of the Health and Human Services Enterprise Administrative Reporting and Tracking System (HEART), Chief Financial Officer Financial Support System (CFO-FSS) Automated Services and Reports System, and applications built using the WebSphere platform to the SWBEP. Also, revise Rider 2, Capital Budget. <i>Note: System Exceptional Item. Includes General Revenue requested on behalf of DFPS and DSHS, which will be reallocated to the agencies as appropriate if adopted.</i>	\$ 8,444,183	\$ 13,418,742					\$ 8,444,183	\$ 13,418,742
b.	Modernize End-of-Life/End-of-Support Network Equipment. (2.0/2.0 FTEs) Funding would provide for replacement of end-of-life/end-of-support network infrastructure, including: routers; switches; perimeter security protection equipment; firewalls; wireless local area networks; and uninterruptible power supplies. Also, revise Rider 2, Capital Budget. <i>Note: System Exceptional Item. Includes General Revenue requested on behalf of DFPS and DSHS, which will be reallocated to the agencies as appropriate if adopted.</i>	\$ 35,263,355	\$ 48,983,686					\$ 35,263,355	\$ 48,983,686

		Outstanding Items for Consideration				Tentative Workgroup Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
c. Cybersecurity Advancement.		\$ 2,876,122	\$ 4,426,130			\$ 2,876,122	\$ 4,426,130		
Funding would support protection of computers, networks, programs, and data from unintended or unauthorized access, change, or destruction.									
Also, revise Rider 2, Capital Budget.									
Note: System Exceptional Item. Includes General Revenue requested on behalf of DFPS and DSHS, which will be reallocated to the agencies as appropriate if adopted.									
d. Stabilization of Enterprise Server and Storage.		\$ 3,104,482	\$ 5,406,153					\$ 3,104,482	\$ 5,406,153
Funding would support consolidation of at least 170 local servers to a Department of Information Resources (DIR) data center services storage solution.									
Also, revise Rider 2, Capital Budget.									
Note: System Exceptional Item. Includes General Revenue requested on behalf of DFPS and DSHS, which will be reallocated to the agencies as appropriate if adopted.									

		Outstanding Items for Consideration				Tentative Workgroup Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
e. Winters Data Center Environment Protection Services.		\$ 755,896	\$ 1,500,000			\$ 755,896	\$ 1,500,000		
Funding would support a contract with a professional facility service company or expansion of the current contract with the Texas Facilities Commission (TFC) to provide core facility-related services for the Winters Data Center. Services would include: fire protection; power; cooling and heating ventilation and air conditioning; preventative maintenance; and 24x7 monitoring and onsite repair.									
Note: System Exceptional Item. Includes General Revenue requested on behalf of DFPS and DSHS, which will be reallocated to the agencies as appropriate if adopted.									
8. Intellectual and Developmental Disability (IDD) System Redesign.									
a. Provide Resources and Technology Changes Necessary to Implement STAR+PLUS Pilot Program (2.0/14.0 FTEs)		\$ 5,041,340	\$ 19,556,541						
Funding would provide infrastructure and resources necessary to implement the STAR+PLUS Pilot Program to test the delivery of long-term services and supports (LTSS) for individuals with intellectual and developmental disabilities (IDD) in managed care.									
Note: System Exceptional Item. Includes General Revenue requested on behalf of DFPS and DSHS, which will be reallocated to the agencies as appropriate if adopted.									

		Outstanding Items for Consideration				Tentative Workgroup Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
	b. IDD Systems Migration. (15.2/15.2 FTEs)	\$ 3,404,293	\$ 32,142,130			\$ 3,404,293	\$ 32,142,130		
	Funding would support technology enhancements for IDD providers, Local IDD Authorities (LIDDAs), and service coordinators.								
	9. Transition Day Habilitation Services to Individualized Skills and Socialization (ISS).								
	a. Provide ISS Client Services. (0.0/6.0 FTEs)	\$ 35,252,954	\$ 90,484,201						
	Funding would support client services costs associated with transitioning day habilitation services in the HCS, TxHmL, and DBMD waivers to ISS in order to comply with federal requirements related to engagement in community life, integrated work environments, and control of personal resources.								
	b. Create ISS Registry and Provide Monitoring and Oversight. (0.0/18.0 FTEs)	\$ 873,227	\$ 1,696,683			\$ 873,227	\$ 1,696,683		
	Funding would provide for creation of a registry of ISS providers. Funding would also support additional FTEs to provide monitoring and oversight of ISS providers and services.								
	<i>Note: System Exceptional Item. Includes General Revenue requested on behalf of DFPS and DSHS, which will be reallocated to the agencies as appropriate if adopted.</i>								

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
10.	Restore Reductions for Certain IT Projects. (4.1 /4.1 FTEs) Funding would restore reductions for the Performance Management and Analytics System and replace lost Federal Funds for Medicaid Enterprise Data Governance. Also, revise Rider 2, Capital Budget. <i>Note: System Exceptional Item. Includes General Revenue requested on behalf of DFPS and DSHS, which will be reallocated to the agencies as appropriate if adopted.</i>	\$ 9,710,742	\$ 12,548,116			\$ 6,000,000	\$ 7,753,135		
						Adopted partial request of \$7.8M All Funds and 2.0/2.0 FTEs.			
11.	State Hospital Construction and Expanded Operations.								
a.	Staff and Operations (260.0/260.0 FTEs). Provide \$29.3 million in General Revenue and 260.0 FTEs to staff 70 new maximum security beds at Kerrville State Hospital, and \$52.1 million in General Revenue to contract with UT Health Science Center - Houston for a portion of the beds at the new inpatient facility in Harris County.	\$ 81,360,250	\$ 81,360,250			\$ 71,360,250	\$ 71,360,250		
						Adopted partial request of \$71.4M All Funds and 260.0/260.0 FTEs.			
b.	Complete Construction Projects. Funding would provide \$124.1 million in General Revenue to finish construction of a replacement campus at Austin State Hospital and \$152.4 million in General Revenue to finish construction of a replacement campus at San Antonio State Hospital. Also, revise Rider 2, Capital Budget.	\$ 276,500,000	\$ 276,500,000					\$276,500,000	\$276,500,000

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
	c. Begin New Construction Projects. Provide funding to begin pre-planning and planning efforts to build new inpatient hospitals in the Dallas area (\$44.8 million in General Revenue) and Panhandle region (\$19.8 million in General Revenue), and to begin pre-planning and planning efforts for the replacement of North Texas - Wichita Falls State Hospital (\$21.0 million in General Revenue) and Terrell State Hospital (\$21.0 million in General Revenue). If funded, HHSC would also need additional FTEs. Estimate TBD.	\$ 106,500,000	\$ 106,500,000					\$ 42,266,667	\$ 42,266,667
								Adopted partial request in Article XI of \$42.3M All Funds and 2.0/2.0 FTEs.	
12.	Facility Repairs and Equipment Replacement at State Supported Living Centers (SSLCs) and State Hospitals.								
	a. Deferred Maintenance. (4.1 /4.1 FTEs) Funding would address deferred maintenance needs at the state-owned facilities, including: repairs and renovations for fire, electrical and plumbing systems; anti-ligature remediation; and roofing. Funding would provide the following FTEs: Project Manager (4.0) and Program Specialist (0.1). Also, revise Rider 2, Capital Budget. <i>Note: Includes \$46.9 million in MLPP Revenue Bond Proceeds. HHSC would need additional General Revenue to pay for associated debt service if this method-of-finance is adopted.</i>	\$ 47,839,632	\$ 94,756,641					\$ 47,839,632	\$ 94,756,641

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR- Dedicated		GR & GR- Dedicated		GR & GR- Dedicated		GR & GR- Dedicated	
		All Funds		All Funds		All Funds		All Funds	
	b. Laundry Equipment Replacement.	\$ 1,973,500	\$ 1,973,500			\$ 1,973,500	\$ 1,973,500		
	Funding would provide for replacement of one continuous batch washing system, two dryers, and additional commercial laundry equipment and transport trailers.								
	Also, revise Rider 2, Capital Budget.								
	c. Vehicle Replacement.	\$ 7,850,000	\$ 7,850,000					\$ 7,850,000	\$ 7,850,000
	Funding would replace 197 vehicles.								
	Also, revise Rider 2, Capital Budget.								
	d. IT Infrastructure.	\$ 3,106,672	\$ 3,106,672					\$ 3,106,672	\$ 3,106,672
	Funding would provide for fiber and cabling projects.								
	Also, revise Rider 2, Capital Budget.								
13.	Stabilize E-Discovery.	\$ 4,853,581	\$ 7,150,000					\$ 4,853,581	\$ 7,150,000
	Funding would provide for a digital management system to address litigation, public information requests, investigations, and E-Discovery.								
	Also, revise Rider 2, Capital Budget.								
	<i>Note: System Exceptional Item. Includes General Revenue requested on behalf of DFPS and DSHS, which will be reallocated to the agencies as appropriate if adopted.</i>								
14.	Address Long-term Care Regulatory Backlog.								

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR- Dedicated		GR & GR- Dedicated		GR & GR- Dedicated		GR & GR- Dedicated	
		All Funds		All Funds		All Funds		All Funds	
a.	Additional Staff. (31.7/31.7) Funding would provide for additional staff to address a backlog of surveys and intakes in long-term care facilities.	\$ 5,280,363	\$ 5,280,363					\$ 5,280,363	\$ 5,280,363
b.	Automate Survey Scheduling. (1.0/1.0 FTEs) Funding would provide for automation of the survey scheduling function within a workload management system. Also, revise Rider 2, Capital Budget.	\$ 933,750	\$ 1,029,946						
c.	Restore Five Percent Reduction - Enforcement and Surveyor Staffing and Travel. Funding would restore certain five percent reductions related to long-term care regulation.	\$ 1,725,086	\$ 2,093,722			\$ 862,543	\$ 1,046,861		
						Adopted half of agency request of \$1.0M All Funds.			
d.	Restore Five Percent Reduction - Data, Complaint and Incident Intake, and Trust Fund Monitoring. Funding would restore certain five percent reductions related to long-term care regulation and child care licensing.	\$ 2,865,356	\$ 3,283,024						
e.	Position Reclassification and Salary Increases. Funding would provide for reclassification of 13.0 FTE positions to Investigator VII. Funding would also provide salary increases for 264.0 nurses.	\$ 12,340,423	\$ 12,340,423					\$ 6,170,212	\$ 6,170,212
								Adopted half of agency request into Article XI of \$6.2M All Funds.	
f.	Contracted Staff. Funding would provide for contracted staff to address a backlog of long-term care surveys and intakes.	\$ 5,000,000	\$ 5,000,000						

		Outstanding Items for Consideration				Tentative Workgroup Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
15.	Migrate the Accounts Receivable Tracking System (ARTS) to CAPPs Financials. (0.2/0.3 FTEs) Funding would support the migration of ARTS to CAPPs Financials. Also, revise Rider 2, Capital Budget. <i>Note: System Exceptional Item. Includes General Revenue requested on behalf of DFPS and DSHS, which will be reallocated to the agencies as appropriate if adopted.</i>	\$ 5,843,542	\$ 9,579,401					\$ 5,843,542	\$ 9,579,401
16.	Facility Support Services. Funding would restore facility program support services to the agency's requested All Funds levels. SB 1 includes \$21.9 million in All Funds to maintain fiscal year 2021 appropriated levels in each fiscal year of the 2022-23 biennium.	\$ 6,087,150	\$ 6,087,150			\$ 3,000,000 \$ 3,000,000 <div>Adopted partial request of \$3.0M All Funds.</div>			
17.	Article II Assessment Costs. Funding would support provision of administrative and support services to DFPS and DSHS. <i>Note: System Exceptional Item. Includes General Revenue requested on behalf of DFPS and DSHS, which will be reallocated to the agencies as appropriate if adopted.</i>	\$ 35,294,673	\$ 35,294,673						
Office of Inspector General (OIG) Exceptional Items									
18.	<i>OIG Priority 1:</i> Replace Lost Federal Funds for Clinical Staff. Funding would replace Federal Funds previously received for clinical staff.	\$ 1,952,790	\$ 4,881,974			\$ 1,952,790	\$ 4,881,974		

		Outstanding Items for Consideration				Tentative Workgroup Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
19.	<i>OIG Priority 2:</i> Access to The Work Number (TWN). Funding would provide the Beneficiary Program Integrity team access to Equifax's The Work Number for employment verification and income information.	\$ 251,730	\$ 500,000			\$ 251,730	\$ 500,000		
Texas Civil Commitment Office (TCCO) Exceptional Items									
20.	<i>TCCO Priority 1:</i> Caseload Growth and Housing Rate Increase. Funding would support projected caseload growth from 439 in fiscal year 2021 to 475 in fiscal year 2022 and 507 in fiscal year 2023. Funding would also provide for a 2.0 percent increase in the per diem rate each fiscal year.	\$ 3,155,832	\$ 3,155,832			\$ 1,577,916	\$ 1,577,916		
						Adopted half of agency request of \$1.6M All Funds.			
21.	<i>TCCO Priority 2:</i> Offsite Healthcare. Funding would support offsite medical care for sexually violence predators above the \$25,000 offsite costs covered under the current contract for the Texas Civil Commitment Center. SB 1 includes \$0.8 million in General Revenue for this purpose.	\$ 713,424	\$ 713,424						
22.	<i>TCCO Priority 3:</i> Case Manager Career Ladder. Funding would support continuation of the career ladder for Case Managers based on classification and years of services with TCCO as required by Government Code, Sec. 420A.009.	\$ 68,688	\$ 68,688			\$ 68,688	\$ 68,688		
23.	<i>TCCO Priority 4:</i> Contracted Professional Audit Services. Funding would provide for a contract with an audit firm to perform the duties of an internal auditor.	\$ 50,000	\$ 50,000			\$ 50,000	\$ 50,000		

		Outstanding Items for Consideration				Tentative Workgroup Decisions			
Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
24.	TCCO Priority 5: Additional Case Managers. (2.0/2.0 FTEs) Funding would provide for additional case managers and expand case manager coverage to other areas of the state.	\$ 215,543	\$ 215,543			\$ 107,772	\$ 107,772		
						Adopted half of agency request of \$0.1M All Funds.			
Agency Rider Requests:									
MEDICAID									
1.	Reinstate former Rider 6, Hospital Reimbursement.	\$ -	\$ -			Adopt			
2.	Delete Rider 4, Hospital Uncompensated Care.	\$ -	\$ -						
3.	Amend Rider 11, Medicaid Therapy Services Reporting, to require report to be submitted biannually instead of quarterly.	\$ -	\$ -			Adopt			
4.	Amend Rider 16, Supplemental Payment Programs Reporting and Appropriation Authority for Intergovernmental Transfers, to: - update the list of programs included in the report, - add or update other reporting requirements, - provide additional FTE authority at HHSC to implement the extension of the Healthcare Transformation and Quality Improvement 1115 Waiver, and - permit HHSC to create a new capital budget item out of existing appropriations to support monitoring of local funds used in the Medicaid program.	\$ -	\$ -						
5.	Delete Rider 17, Rural Labor and Delivery Medicaid Add-on Payment.	\$ -	\$ -						
BEHAVIORAL HEALTH									
6.	Amend Rider 31, Community Mental Health Grant Programs, to remove solicitation requirements for certain grant programs.	\$ -	\$ -						
WOMEN'S HEALTH									
7.	Amend Rider 37, Women's Health Programs: Savings and Performance Reporting, to change certain reporting requirements.	\$ -	\$ -			Adopt			
OTHER CLIENT SERVICES									

		Outstanding Items for Consideration				Tentative Workgroup Decisions			
Article II, Health and Human Services		Items Not Included in SB 1		Pended Items		Adopted		Article XI	
Health and Human Services Commission (529)		<u>2022-23 Biennial Total</u>		<u>2022-23 Biennial Total</u>		<u>2022-23 Biennial Total</u>		<u>2022-23 Biennial Total</u>	
Items Not Included in Bill as Introduced		GR & GR-		GR & GR-		GR & GR-		GR & GR-	
		Dedicated	All Funds	Dedicated	All Funds	Dedicated	All Funds	Dedicated	All Funds
8.	Amend Rider 43, Education Funding, to require HHSC to enter into an interagency contract with the Texas Education Agency instead of a Memorandum of Understanding.	\$ -	\$ -			Adopt			
9.	Amend Rider 45, Reporting on Early Childhood Intervention, to change report due date to March 1.	\$ -	\$ -			Adopt			
10.	Amend Rider 51, Funding for Child Advocacy Centers Programs and Court Appointed Special Advocate Programs, to change report due date to December 1.	\$ -	\$ -			Adopt			
11.	Add new Rider X, Independent Living Services Review, to require an annual report and one-time study on independent living services.	\$ -	\$ -			Adopt as Amended			
FACILITIES									
12.	Amend Rider 64, State-Owned Housing, to update the listing of positions.	\$ -	\$ -			Adopt			
OFFICE OF INSPECTOR GENERAL									
13.	Add new Rider X, Unexpended Balances: Office of Inspector General, to allow for transfer of unexpended balances within the biennium in Strategies K.1.1, Office of Inspector General, and K.1.2, OIG Administrative Support.	\$ -	\$ -						
TRANSFERS									
14.	Add new Rider X, Unexpended Balances: Intellectual and Developmental Disabilities Crisis Funding, to allow for transfer of unexpended balances within the biennium for Intellectual and Developmental Disabilities crisis funding.	\$ -	\$ -			Adopt			
ADMINISTRATION									
15.	Amend Rider 97, Reimbursement of Advisory Committee Members, to add the Chronic Kidney Disease Task Force.	\$ -	\$ -			Adopt			
16.	Add new Rider X, Staffing in Lieu of Contracted Responsibilities, to provide HHSC with certain FTE authority.	\$ -	\$ -						
17.	Delete Rider 105, Prevent Eligibility Determination Fraud.	\$ -	\$ -						
Workgroup Revisions and Additions:									

Article II, Health and Human Services Health and Human Services Commission (529) Items Not Included in Bill as Introduced		Outstanding Items for Consideration				Tentative Workgroup Decisions			
		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds	GR & GR- Dedicated	All Funds
1.	Add rider detailing the \$21.3 million for Hep C funding (\$20.0 in Medicaid and \$1.3 million in State Hospitals) adopted in exceptional item #3(a), and to provide authority to transfer additional funds into the strategy to cover any additional need.	\$ -	\$ -			Adopt			
2.	Add a new rider directing the agency to implement Day Habilitation Services for Individualized Skills and Socialization (ISS) and requiring providers to submit a related community engagement plan (see exceptional item #9).	\$ -	\$ -			Adopt			
3.	Add a new rider requiring the agency and nursing facilities to report on related funding provided for COVID-19 activities.	\$ -	\$ -			Adopt			
4.	Add a cost containment rider directing the agency to achieve savings of at least \$350.0 million.	\$ -	\$ -			\$ (350,000,000)	\$ (350,000,000)		
5.	Add a new rider providing the agency authority to transfer appropriations out of Medicaid for the purpose of completing work needed to implement the STAR+PLUS Pilot Program and Medically Fragile Benefit.	\$ -	\$ -			Adopt			
6.	Add a new rider directing the agency on how to spend additional COVID-19 funding, if received by the agency.	\$ -	\$ -					Adopt	
7.	Transfer Texas Law Enforcement Peer Network to Commission on Law Enforcement (TCOLE). Decrease General Revenue at HHSC and increase at TCOLE.	\$ -	\$ -			\$ (1,051,820)	\$ (1,051,820)		
8.	Reduce Medicaid funding.	\$ -	\$ -			\$ (1,850,000,000)	\$ (1,850,000,000)		
Total, Outstanding Items / Tentative Decisions		\$ 2,488,571,502	\$ 4,507,122,725	\$ -	\$ -	\$ (2,002,080,215)	\$ (1,638,659,775)	\$500,969,170	\$660,227,734
		FY 2022	FY 2023	FY 2022	FY 2023	FY 2022	FY 2023	FY 2022	FY 2023
Total, Full-time Equivalents / Tentative Decisions		544.8	592.1	0.0	0.0	429.1	450.2	111.6	119.8

Article II, Health and Human Services Special Provision Related to All Health and Human Services Agencies Items Not Included in Bill as Introduced	Outstanding Items for Consideration				Tentative Workgroup Decisions			
	Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
Agency Requests:								
1. Section 6, Limitation on Transfer Authority: HHSC request to allow transfers between all health and human services agencies.	\$ -	\$ -			Adopt			
2. Section 9, Enterprise Support Services: HHSC request to - identify appropriation for system support services; - require additional information regarding system support services to be submitted to the Legislative Budget Board and Governor; - allow HHSC to transfer appropriation for system support services to DFPS and DSHS with prior written notification; and - prohibit expenditure of appropriations for system support services for other purposes without prior written approval.	\$ -	\$ -			Adopt as Amended			
3. Section 11, Appropriation of Receipts: Damages and Penalties: HHSC request to expand the sources of revenue which count towards the Office of Inspector General's (OIG) contingent appropriation and to remove authority for OIG to retain collection in excess of appropriations.	\$ -	\$ -			Adopt			
4. Section 12, Rate Limitations and Reporting Requirements: HHSC request to change the scope of the information the agency is required to provide to the Legislative Budget Board regarding managed care rates.	\$ -	\$ -						

		Outstanding Items for Consideration				Tentative Workgroup Decisions			
Article II, Health and Human Services Special Provision Related to All Health and Human Services Agencies Items Not Included in Bill as Introduced		Items Not Included in SB 1 2022-23 Biennial Total		Pended Items 2022-23 Biennial Total		Adopted 2022-23 Biennial Total		Article XI 2022-23 Biennial Total	
		GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds	GR & GR-Dedicated	All Funds
5.	Section 14, Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursements: DSHS request to decrease the amount of Public Health Medicaid Reimbursements appropriated to HHSC and to prioritize distribution of funds to the DSHS Laboratory.	\$ -	\$ -						
6.	New Section, Unexpended Balance Authority for Certain Funds Supporting Capital Projects: HHSC request to provide DFPS and DSHS unexpended balance authority for funds related to system capital budget projects.	\$ -	\$ -			Adopt			
Total, Outstanding Items / Tentative Decisions		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		FY 2022	FY 2023	FY 2022	FY 2023	FY 2022	FY 2023	FY 2022	FY 2023
Total, Full-time Equivalents / Tentative Decisions		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

By: _____

Department of Family and Protective Services
Proposed Rider
Limitation on Transfers: Foster Care, Adoption Subsidy, Permanency Care Assistance, and Relative Caregiver Payments.

Prepared by LBB Staff, 03/11/2021

Overview

Agency request to amend rider to require notification instead of written approval for transfers into or out of the foster care, adoption subsidy, permanency care assistance and relative caregiver strategies.

Required Action

On page II-6 of the Department of Family and Protective Services bill pattern, amend the following rider:

5. **Limitation on Transfers: Foster Care, Adoption Subsidy, Permanency Care Assistance, and Relative Caregiver Payments.** Notwithstanding Article IX, Sec. 14.0 Appropriation Transfers and Article IX, Sec. 14.03, Transfers - Capital Budget in this Act, the Department of Family and Protective Services may only transfer funds into or out of Strategies B.1.9, Foster Care Payments; B.1.10, Adoption/PCA Payments; or B.1.11, Relative Caregiver Payments, with ~~the prior written approval of~~ notification to the Legislative Budget Board and the Governor 30 days prior to the transfer. The Legislative Budget Board and the Governor may disapprove the transfer during the 60-day period.

By: _____

Department of Family and Protective Services
Proposed Rider
Other Reporting Requirements.

Prepared by LBB Staff, 03/11/2021

Overview

Agency request to submit quarterly reports within 60 days of the end of the fiscal quarter instead of 30 days.

Required Action

On page II-6 of the Department of Family and Protective Services bill pattern, amend the following rider:

6. Other Reporting Requirements.

- a. **Monthly Financial Reports.** DFPS shall submit the following information to the Legislative Budget Board and the Governor no later than 30 calendar days after the close of each month:
 - (1) Information on appropriated, budgeted, expended, and projected funds, by strategy and method of finance.
 - (2) A report detailing revenues, expenditures, and balances for earned federal funds as of the last day of the prior month.
 - (3) Narrative explanations of significant budget adjustments, ongoing budget issues, and other items as appropriate.
 - (4) A report providing a breakdown of the budgeted versus actual Child Protective Services Direct Delivery Full-time Equivalents (FTE) by case stage and by region.
 - (5) Select Child Protective Services performance measures continued from the fiscal year 2017 critical needs reports, as determined by the Legislative Budget Board.
 - (6) Any other information requested by the Legislative Budget Board or the Governor.

The monthly financial reports shall be prepared in a format specified by the Legislative Budget Board.

- b. **Quarterly Updates.** DFPS shall submit the following information to the Legislative Budget Board and the Governor on a quarterly basis for each month in fiscal years 2019through 2023: program expenditures and projected expenditures by method of finance and performance measure targets for Strategies A.1.1, Statewide Intake Services; B.1.1, CPS Direct Delivery Staff; B.1.3, TWC Contracted Day Care; B.1.9, Foster Care Payments; B.1.10, Adoption Subsidy/PCA Payments; B.1.11, Relative Caregiver Payments; and D.1.1, APS Direct Delivery Staff. DFPS shall also submit data used to calculate the performance measure actuals for StrategiesA.1.1, Statewide Intake Services; B.1.1, CPS Direct Delivery Staff; and D.1.1, APS Direct Delivery Staff, as well as other statewide intake data related to call abandonment. The reports shall be submitted within ~~39~~60 days of the end of each fiscal quarter in a format specified by the Legislative Budget Board.

- c. **Litigation Involving Child Welfare Services Providers.** DFPS shall notify the Legislative Budget Board and the Governor in a timely manner about any pending litigation against DFPS or against any entity providing child welfare services under contract with DFPS, and

the subject matter of the litigation.

- d. **Monthly Data and Forecasts.** DFPS shall submit actual and projected caseloads and related expenditure amounts to the Legislative Budget Board and the Governor, for foster care, adoption assistance, permanency care assistance, relative caregiver, community-based care, and day care. Data for other programs shall be submitted upon request of the Legislative Budget Board or the Governor. The data shall be submitted the Legislative Budget Board. At the request of the Legislative Budget Board or the Governor supporting documentation detailing the sources and methodologies utilized to develop any caseload or expenditure projections and any other supporting material must be provided.

By: _____

Department of Family and Protective Services
Proposed Rider
Limitation on Expenditures for Texas Workforce Commission (TWC) Contracted Day Care.

Prepared by LBB Staff, 03/11/2021

Overview

Agency request to require written notification instead of written approval for transfers into or out of the day care strategy.

Required Action

On page II-8 of the Department of Family and Protective Services bill pattern, amend the following rider:

7. Limitation on Expenditures for Texas Workforce Commission (TWC) Contracted Day Care.

(a) Notwithstanding Article IX, Sec. 14.01, Appropriation Transfers and Article IX, Sec. 14.03, Transfers - Capital Budget in this Act, the Department of Family and Protective Services (DFPS) may not transfer funds into or out of Strategy B.1.3, TWC Contracted Day Care, without the prior ~~written approval of~~ notification to the Legislative Budget Board and the Governor 30 days prior to the transfer. The Legislative Budget Board and the Governor may disapprove the transfer during the 30-day period.

~~To request approval~~, DFPS shall submit a written ~~request~~ notification to the Legislative Budget Board and the Governor 30 days prior to the transfer. The Legislative Budget Board and the Governor may disapprove the transfer during the 30-day period. A request notification to transfer funds into Strategy B.1.3, TWC Contracted Day Care, must be submitted within 30 days of the date upon which DFPS produces a forecast indicating a need for additional funds and determines they are unable to operate within available appropriations. ~~A request~~ notification to transfer funds into Strategy B.1.3, TWC Contracted Day Care, must also be submitted at least 90 days prior to when expenditures are expected to exceed available appropriations. ~~A request~~ notification must include the following information:

- (1) a detailed explanation of the need for day care services and the steps that have been taken to address the need without exceeding the amounts appropriated above;
- (2) the sub-strategies affected by the increase in expenditures; and
- (3) the method of financing and impact on performance levels by fiscal year, including a comparison to performance targets included in this Act.

No expenditure in excess of appropriations made above in Strategy B.1.3, TWC Contracted Day Care, may be made until ~~approved~~ the notification has been made to. ~~A request shall be considered disapproved unless the Legislative Budget Board and the Governor 30 days prior to the transfer. The Legislative Budget Board and the Governor may disapprove the transfer during the 30-day period~~ issue a written approval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

(b) Funds appropriated above in Strategy B.1.3, TWC Contracted Day Care, may be used only to acquire child day care services through TWC.

Expenditures for administrative overhead payments to TWC and local workforce boards in connection with any agreement to provide child day care services shall not exceed 5.0 percent of all amounts paid for child day care services out of funds appropriated above in Strategy B.1.3, TWC Contracted Day Care.

By: _____

Department of Family and Protective Services
Proposed Rider
Limitation on Transfers: CPS and APS Direct Delivery Staff.

Prepared by LBB Staff, 03/11/2021

Overview

Agency request to require written notification instead of written approval for transfers into or out of direct delivery strategies.

Required Action

On page II-9 of the Department of Family and Protective Services bill pattern, amend the following rider:

10. Limitation on Transfers: CPS and APS Direct Delivery Staff.

a. **Funding.** Notwithstanding Article IX, Sec. 14.01, Appropriation Transfers, and Article IX, Sec. 14.03, Transfers - Capital Budget, in this Act, the Department of Family and Protective Services (DFPS) shall not transfer funds ~~into or out of~~ Strategy B.1.1, CPS Direct Delivery Staff, or Strategy D.1.1, APS Direct Delivery Staff, without the prior written approval of the Legislative Budget Board and the Governor. DFPS may transfer funds in with prior written notification to the Legislative Budget Board and the Governor 30 days prior to the transfer. The Legislative Budget Board and the Governor may disapprove the transfer during the 30-day period.

b. **Full-time-equivalent (FTE) Positions.** Out of the FTE positions identified above for DFPS, 10,105 positions for each fiscal year are allocated to Strategy B.1.1, CPS Direct Delivery Staff, and 802.8 positions for each fiscal year are allocated to the Strategy D.1.1, APS Direct Delivery Staff.

None of the FTEs allocated by this rider ~~to DFPS~~, may be transferred out to any other item of appropriation or utilized for any purpose other than the specific purpose for which the FTEs are allocated without the prior written approval of the Legislative Budget Board and the Governor. DFPS may transfer FTEs in with prior written notification to the Legislative Budget Board and the Governor 30 days prior to the transfer. The Legislative Budget Board and the Governor may disapprove the transfer during the 30-day period.

c. **Limitations on Transfers: Request for Approval.** To request approval for the transfer of funds and/or FTEs, DFPS shall submit at least 60 days prior to when the funds or FTEs are intended to be expended or reallocated for a different purpose a written request to the Legislative Budget Board and the Governor that includes the following information:

- (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;
- (2) the name of the strategy or strategies affected by the transfer, and the method of finance and FTEs for each program by fiscal year;

- (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving programs; and
- (4) the capital budget impact.

Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner.

The transfer request shall be considered to be disapproved unless the Legislative Budget Board and the Governor issue written approvals within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

The Comptroller of Public Accounts shall not allow the transfer of funds if the Legislative Budget Board provides notification to the Comptroller that the requirements of this provision have not been satisfied.

By: _____

Department of Family and Protective Services
Proposed Rider
Community-based Care Oversight Staff.

Prepared by LBB Staff, 03/11/2021

Overview

Agency’s request to update strategy reference.

Required Action

On page II-22 of the Department of Family and Protective Services bill pattern, amend the following rider:

- 36. **Community-based Care Oversight Staff.** Included in amounts appropriated above for the Department of Family and Protective Services in Strategies B.1.1, CPS Direct Delivery Staff, E.1.2, Other Support Services, and E.1.3, Regional Administration, is \$2,713,877 in All Funds (\$2,447,433 in General Revenue) in each fiscal year and included in the "Number of Full-time Equivalents" (FTEs) is 31.0 FTEs in each fiscal year for case management oversight staff in Regions 2 and 3B, a background check unit, and information technology technical support staff to assist in the oversight of Community-based Care.

By: _____

Department of Family and Protective Services
Proposed Rider
Community-based Care Stage III Incentives and Payments.

Prepared by LBB Staff, 03/11/2021

Overview

Agency request for new rider to authorize DFPS to award incentives and issue financial remedies related to provider performance.

Required Action

On page II-23 of the Department of Family and Protective Services bill pattern, add the following rider:

38. Community-based Care Stage III Incentives and Payments.

(a) Out of the funds appropriated above in Strategy B.1.9, Foster Care Payments, and in accordance with Texas Family Code §264.155(6)(B), DFPS is authorized in Stage III of the Community-Based Care (CBC) model to expend general revenue funds to make financial incentive payments to Single Source Continuum Contractors (SSCCs) exceeding performance measures established in the SSCC contract. Any incentives will be limited to the General Revenue portion of savings in foster care payments achieved by the SSCCs.

(b) DFPS is appropriated in Strategy B.1.9, Foster Care Payments, any revenue from financial penalties collected from SSCC in accordance with Texas Family Code §264.155(6)(A) for failure to meet specified performance outcomes. Penalties collected are limited to use in Strategy B.1.9, Foster Care Payments.

By: _____

Department of Family and Protective Services
Proposed Rider
Conservatorship Caseload Per Worker.

Prepared by LBB Staff, 03/14/2021

Overview

Provide direction to the Department of Family and Protective Services that funding is to be used to achieve a conservatorship caseload of 16.2 children per worker.

Required Action

On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

- XX. Conservatorship Caseload Per Worker. It is the intent of the legislature that funding provided above to the Department of Family and Protective Services in Strategy B.1.1, CPS Direct Delivery Staff, is to be used to achieve a conservatorship caseload of 16.2 children per worker.

By: _____

Department of Family and Protective Services
Proposed Rider
Random Moment Time Study.

Prepared by LBB Staff, 03/14/2021

Overview

Direct the Department of Family and Protective Services to submit the results of the random moment time study to the legislature.

Required Action

On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

XX. **Random Moment Time Study.** Upon the Department of Family and Protective Services' (DFPS) conclusion of the random moment time study for Community-based Care, DFPS shall submit the results of that study to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing Joint Legislative Oversight Committees, as appropriate.

By: _____

Department of Family and Protective Services
Amend Rider
Federal Funds Maximization.

Prepared by LBB Staff, 03/16/2021

Overview

Provide direction to the Department of Family and Protective Services and the Health and Human Services Commission to maximize federal funds and add a reporting requirement.

Required Action

On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

37. **Federal Funds Maximization.** The Department of Family and Protective Services (DFPS) shall submit progress reports related to the agency's efforts to maximize federal funds, including identifying the strategies DFPS has implemented and any successes and challenges in maximizing funding. DFPS shall also report how the agency can maximize federal funds by program and funding source. Progress reports shall be submitted by September 1 and March 1 of each year to the Legislative Budget Board and the Governor.

No funds in this Act appropriated to DFPS as match for federal funds may be expended as unmatched General Revenue without prior written approval of the Legislative Budget Board and the Governor.

In addition, within 60 days of the end of each fiscal quarter, DFPS shall submit a report related to the use of Title IV-E federal funding and state funding utilized for children in conservatorship of the state placed in a congregate care setting. The report shall include the total number of children in congregate care, the subtotal of children broken down by level of care, and total funding by method of finance. The reports shall be submitted to the Legislative Budget Board, the Governor, the House Committee on Appropriations, the Senate Committee on Finance, the House Committee on Human Services, the Senate Committee on Health and Human Services, and any standing committee. Joint Legislative Oversight Committees, as appropriate.

By: _____

Department of Family and Protective Services
Proposed Rider
Foster Care Ombudsman.

Prepared by LBB Staff, 03/16/2021

Overview

Provide direction to the Department of Family and Protective Services to ensure all children in foster care receive information on the youth and children in foster care ombudsman.

Required Action

On page II-XX of the Department of Family and Protective Services bill pattern, add the following rider:

- **Foster Care Ombudsman.** Out of funds appropriated above in Strategy B.1.1, CPS Direct Delivery Staff, the Department of Family and Protective Services shall ensure that every child in foster care receive information for how to contact and provide a complaint to the Health and Human Services Commission’s Ombudsman for Youth and Children in Foster Care.

By: _____

Department of State Health Services
Proposed Rider
Permanent Hospital Fund

Prepared by LBB Staff, 3/9/2021

Overview

Amend Rider 20, Permanent Hospital Fund, to align with BRE revenue projections.

Required Action

On page II-35 of the Department of State Health Services bill pattern, amend the following rider:

20. **Permanent Hospital Fund.** Included in amounts appropriated above, in Strategy A.2.5, TX Center for Infectious Disease, is an estimated ~~\$859,729~~ \$873,000 in fiscal year 2022 and ~~\$865,294~~ \$893,000 in fiscal year 2023 in General Revenue - Dedicated Permanent Hospital Fund for Capital Improvements and the Texas Center for Infectious Disease from the available earnings of the fund for the purpose of implementing Government Code §403.1066.

In no event may administrative costs exceed 3 percent of the appropriations from General Revenue - Dedicated Permanent Hospital Fund for Capital Improvements and the Texas Center for Infectious Disease Account No. 5048.

Available earnings in excess of the amounts estimated above are appropriated to the Department of State Health Services (DSHS). In the event that amounts available for distribution or investment returns are less than the amounts estimated above, this Act may not be construed as appropriating funds to make up the difference.

Any unexpended balances remaining as of August 31, 2022, from the appropriations made by this Rider are appropriated for the fiscal year beginning September 1, 2022, for the same purpose, subject to DSHS notifying the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.

By: _____

Department of State Health Services
Proposed Rider
Appropriations Limited to Revenue Collections

Prepared by LBB Staff, 3/9/2021

Overview

Accept the Department of State Health Services’ request to revise Rider 3, Appropriations Limited to Revenue Collections, to remove accounts in which recommendations exceed projected revenue collections.

Required Action

On page II-29 of the Department of State Health Services bill pattern, amend the following rider:

3. **Appropriations Limited to Revenue Collections.** Fees, fines, and other miscellaneous revenues as authorized and generated by the Department of State Health Services (DSHS) shall cover, at a minimum, the cost of the appropriations made for the programs listed in the table below, as well as the "other direct and indirect costs" associated with these programs, appropriated elsewhere in this Act. "Other direct and indirect costs" for these programs are estimated to be \$11,141,293 for fiscal year 2022 and \$11,220,324 for fiscal year 2023.

- a. This requirement shall apply to revenues generated in the following strategies and deposited under the following revenue codes or account numbers.

Strategy	Revenue Code or Account
A.1.2. Vital Statistics	019 Vital Statistics
C.1.1. Food (Meat) & Drug Safety	
341 Food & Drug Retail Fee	
5022 Oyster Sales	
5024 Food & Drug Registration	
Fees deposited into General Revenue to support C.1.1, Food (Meat) and Drug Safety, including fees deposited under the following Revenue Codes: 3142 (Food Service Worker Training); 3180 (Health Regulation Fees, for Tattoo/Body Piercing Studios); 3400 (Business Fees-Agriculture, for Milk Products); 3414 (Agriculture Inspection Fees, for Meat or Meat Products); 3554 (Food and Drug Fees, for Frozen Dessert Manufacture).	
C.1.2. Environmental Health	
5017 Asbestos Removal License	
Fees deposited into General Revenue to support C.1.2, Environmental Health, including fees deposited under the following Revenue Codes: 3123 (Volatile Chemical Sales Permit); 3180 (Health Regulation Fees, for Lead-Based	

Paint Certification Program); 3555 (Hazardous Substance Manufacture); and 3573 (Health Licenses for Camps, for Youth).

C.1.3. Radiation Control

~~5024 Certification of Mammography Systems~~

Fees deposited into General Revenue to support C.1.3, Radiation Control, including fees deposited under the following Revenue Codes: 3589 (Radioactive Materials and Devices for Equipment Regulation).

- b. Appropriations made to DSHS in this Act are contingent upon DSHS assessing fees sufficient to generate revenue to cover the General Revenue appropriations for these programs listed under Subsection a above as well as the related "other direct and indirect costs." In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct the Comptroller of Public Accounts to reduce the appropriation authority provided above to be within the amount of revenue expected to be available.

By: _____

Department of State Health Services
Proposed Rider
Maternal Mortality and Morbidity

Prepared by LBB Staff, 3/10/2021

Overview

Accept the Department of State Health Services’ request to revise Rider 22, Maternal Mortality and Morbidity, to update method-of-finance from Federal Funds to All Funds to allow flexibility in funds used for the programs.

Required Action

On page II-36 of the Department of State Health Services bill pattern, amend the following rider:

- 22. Maternal Mortality and Morbidity.** Amounts appropriated above to the Department of State Health Services (DSHS) in Strategy B.1.1, Maternal and Child Health, include ~~the following: \$3,500,000 in All Funds and 8.0 FTEs in each fiscal year for the following items:~~
- (a) ~~\$1,330,000 in Federal Funds and 6.0 FTEs to implement and operate maternal safety initiatives statewide;~~
 - (b) ~~\$1,170,000 in Federal Funds and 2.0 FTEs to develop and establish a high-risk maternal care coordination services pilot for women of childbearing age, which may include the following:~~
 - (1) Conducting a statewide assessment of training courses;
 - (2) Studying existing models of high-risk maternal care coordination services;
 - (3) Identifying, adapting, or creating a risk assessment tool to identify pregnant women who are at a higher risk for poor pregnancy, birth, or postpartum outcomes and train providers on use of the risk assessment tools; and
 - (4) Creating educational materials for promotoras or community health workers; and
 - (c) ~~\$1,000,000 in Federal Funds to increase public awareness and prevention activities related to maternal mortality and morbidity.~~

Additionally, out of funds appropriated above, DSHS in coordination with the Maternal Mortality and Morbidity Review Committee shall annually collect information relating to postpartum depression screening and treatment under state health programs administered by the Health and Human Services Commission, including Medicaid and Healthy Texas Women.

Department of State Health Services, Article II
Proposed Rider
Appropriation: Contingent Revenue

Prepared by LBB Staff, 3/9/2021

Overview

Add language to Rider 7, Appropriation: Contingent Revenue, to reduce General Revenue if revenue from General Revenue-Dedicated Account No. 524, Public Health Services Fees, exceeds the Biennial Revenue Estimate.

Required Action

On page II-31 of the DSHS bill pattern, amend the following rider:

7. Appropriation: Contingent Revenue. The Department of State Health Services (DSHS) is appropriated for the purposes identified below any additional revenue generated by DSHS above the amounts identified in fiscal year 2022 or fiscal year 2023 in the Comptroller of Public Account's Biennial Revenue Estimate (BRE) for each of the accounts or revenue object identified below. An appropriation from an account or revenue object shall be made available to DSHS once certified by a Comptroller's finding of fact that the amount in the BRE for the account or revenue object for the given fiscal year has been exceeded. An appropriation is limited to revenue generated in fiscal year 2022 or fiscal year 2023 and does not include any balances that have accrued in the account or revenue object code.

By March 1st of each year, DSHS may notify the Comptroller of Public Accounts, the Legislative Budget Board, and the Governor of the amount that DSHS projects will be received in excess of the amounts contained in the BRE for each of the accounts listed below, along with sufficient information to reflect how the estimate was determined. If the Comptroller finds the information sufficient to support the projection of additional revenue, a finding of fact to that effect shall be issued to reflect the additional revenue available for each account.

- a. Account No. 341, Food and Drug Retail Fees, for restaurant inspections.
- b. Revenue Object 3175, Account No. 5017, Asbestos Removal Licensure, for asbestos inspections and regulatory activities.
- c. Account No. 5021, Certification of Mammography Systems, for the purpose of certification of mammography facilities.
- d. Account No. 5024, Food and Drug Registration Fees, for food and drug inspections.
- e. Account No. 5022, Oyster Sales, for oyster plant inspections.
- f. Revenue Object 3589 in the General Revenue Fund for Radiation Control regulatory activities.
- g. Revenue Objects 3123, 3555, and 3573 in the General Revenue Fund for environmental regulation.
- h. Account No. 19, Vital Statistics, for processing birth and death certificates and other vital records.
- i. Account No. 512, Bureau of Emergency Management, for licensing Emergency Medical Services personnel and providers.

- j. Account No. 524, Public Health Services Fee, for Laboratory activities.
If an additional appropriation from Account No. 524, Public Health Services Fee, is made available to DSHS through this rider, the amount of General Revenue Funds in Strategy A.4.1, Laboratory Services, shall be reduced by an equivalent amount up to \$2,921,686 for each fiscal year.

By: _____

Department of State Health Services
Proposed Rider
Texas HIV Medication Program

Prepared by LBB Staff, 3/15/2021

Overview

Add a rider to the Department of State Health Services bill pattern to direct the Department of State Health Services to implement measures to maintain the Texas HIV Medication Program within appropriated levels.

Required Action

On page II-XX of the Department of State Health Services bill pattern, add the following rider:

20. **Texas HIV Medication Program.** It is the intent of the Legislature that the Department of State Health Services maximize appropriations to the Texas HIV Medication Program by:
- (a) applying for the maximum supplemental award for HIV Care Formula Grants each year;
 - (b) implementing an insurance purchase model to pay for insurance premiums and HIV medication co-pays for up to 20.0 percent of medication clients to increase HIV Vendor Drug Rebate revenue; and
 - (c) implementing the cost containment measures outlined in 25 Texas Administrative Code §98.115 as needed.

By: _____

Department of State Health Services
Proposed Rider
Hemp Regulation

Prepared by LBB Staff, 3/9/2021

Overview

Add a new rider to allow DSHS to access hemp revenue and up to 3.4 FTEs per fiscal year if revenue for object code 3554 for hemp is above appropriations.

Required Action

On page II-X of the Department of State Health Services bill pattern, add the following rider:

_____. **Hemp Regulation.** Included in amounts appropriated above, in Strategy C.1.1, Food (Meat) and Drug Safety, is an estimated \$598,992 in each fiscal year from Revenue Object 3554 in the General Revenue Fund for Consumable Hemp Products for the purposes of implementing Chapter 443 of the Health and Safety Code.

Additional revenue from Revenue Object 3554 in the General Revenue Fund for Consumable Hemp Products in excess of the amounts appropriated above (estimated to be \$0) is appropriated to the Department of State Health Services (DSHS) for the same purpose up to an additional \$295,235 each fiscal year. For each additional \$73,809 in revenue above appropriations, the DSHS Full Time Equivalents (FTE) cap may be increased by 1.0 FTEs in the fiscal year in which the additional revenue is collected, up to an additional 3.4 FTEs.

By: _____

Health and Human Services Commission
Technical Adjustment
Use of Additional CHIP Revenue

Prepared by LBB Staff, 03/02/2021

Overview

Update the method-of-finance number identified in Health and Human Services Commission Rider 22, Use of Additional CHIP Revenue.

Required Action

On page II-64 of the Health and Human Services Commission bill pattern, amend the following rider:

22. **Use of Additional CHIP Revenue.** Included in the amounts appropriated above in Strategy C.1.1, Children's Health Insurance Program, are CHIP Experience Rebates and CHIP Premium Co-payments.

(a) **Definitions.** For the purposes of this provision and appropriation authority:

(1) CHIP Experience Rebates are defined as:

(A) refunds/rebates of previously paid CHIP premiums and related interest earnings; and

(B) managed care rebates and related interest earnings as described below.

(2) CHIP Premium Co-payments are defined as premium co-payments made on behalf of children enrolled in the Children's Health Insurance Program.

(b) Amounts defined as CHIP Experience Rebates and CHIP Premium Co-payments are to be deposited into the General Revenue Fund.

The Health and Human Services Commission (HHSC) may receive and expend CHIP Experience Rebates and CHIP Premium Co-payments.

The use of CHIP Experience Rebates and CHIP Premium Co-payments is limited to health care services for CHIP clients. CHIP Experience Rebates and CHIP Premium Co-payments shall be expended as they are received as a first source, and General Revenue shall be used as a second source, to support CHIP-related programs. In the event that these revenues should be greater than the amounts identified in the method of finance above as Experience Rebates - CHIP No. ~~80558054~~ or Premium Co-payments - Low Income Children, No. 3643, HHSC is appropriated and authorized to expend these General Revenue Funds thereby made available, subject to the following requirements:

(1) Amounts available shall be expended prior to utilization of any General Revenue available for the same purposes; and

(2) In the event General Revenue has been expended prior to the receipt of CHIP Experience Rebates and CHIP Premium Co-payments, HHSC shall reimburse General Revenue. This process shall be completed on a monthly basis in order to prevent accumulation of CHIP Experience Rebates and CHIP Premium Co-payments.

By: _____

Health and Human Services Commission, Article II
Technical Adjustment
Funding for Healthy Texas Women Plus

Prepared by LBB Staff, 02/25/2021

Overview

Update the amounts identified in Health and Human Services Commission Rider 38, Funding for Healthy Texas Women Plus, to align with the amounts included for the program in Senate Bill 1, As Introduced.

Required Action

On page II-72 of the Health and Human Services Commission bill pattern, amend the following rider:

38. **Funding for Healthy Texas Women Plus.** Funds appropriated above in Strategy D.1.1, Women's Health Programs, include ~~\$5,906,7205.337,391~~ in General Revenue and ~~\$9,192,2578.306,247~~ in Federal Funds in fiscal year 2022 and ~~\$5,562,3045.327.841~~ in General Revenue and ~~\$8,681,7488.315.797~~ in Federal Funds in fiscal year 2023 for the Healthy Texas Women Plus (HTW Plus) program. These amounts assume the Health and Human Services Commission (HHSC) will seek approval to receive federal matching funds for the program by submitting an amendment to the Healthy Texas Women Section 1115 Demonstration Waiver and those funds will be available beginning in fiscal year 2022. In the event federal matching funds do not become available or are available in a lesser amount, HHSC shall seek approval to transfer funds from other sources prior to making any reductions to service levels.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Hospital Reimbursement

Prepared by LBB Staff, 02/25/2021

Overview

Accept the Health and Human Services Commission’s request to reinstate former Rider 6, Hospital Reimbursement, 2020-21 General Appropriations Act.

Required Action

On page II-XX of the Health and Human Services Commission’s bill pattern, add the following rider:

- XX. Hospital Reimbursement.** Contingent upon federal approval, and to the extent allowed by law, no funds appropriated above for the payment of inpatient hospital fees and charges under the medical assistance program may be expended, except under a prospective payment methodology for all Medicaid inpatient claims, excluding state-owned teaching hospital Medicaid inpatient claims, that employs sound cost reimbursement principles and:
- (a) enhances the Health and Human Services Commission’s ability to be a prudent purchaser of health care;
 - (b) reflects costs that are allowable, reasonable and medically necessary to deliver health care services to the state’s Medicaid population;
 - (c) reduces the variability in the Medicaid reimbursement rates paid to hospitals for treating patients with the same diagnoses;
 - (d) promotes and rewards increased efficiency in the operation of hospitals;
 - (e) emphasizes and rewards quality of outcomes and improves the treatment of Medicaid patients through pay-for-performance principles; and
 - (f) recognizes, through add-on payments or other methods, the unique needs of individual hospitals, including rural hospitals.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Medicaid Therapy Services Reporting

Prepared by LBB Staff, 02/25/2021

Overview

Accept the Health and Human Services Commission’s request to change reporting frequency on pediatric acute care therapy services from a quarterly basis to a biannual basis.

Required Action

On page II-58 of the Health and Human Services Commission’s bill pattern, amend the following rider:

11. **Medicaid Therapy Services Reporting.** Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall submit, on a ~~quarterly~~biannual basis, the following information related to pediatric acute care therapy services (including physical, occupational, and speech therapies) by service delivery area and information regarding whether the items below negatively affect access to care:
- (a) Provider and member complaints by disposition received by the Office of the Ombudsman and HHSC Health Plan Management;
 - (b) Provider and member complaints by disposition reported by Medicaid Managed Care Organizations using a standard definition of complaint as defined by HHSC;
 - (c) Provider and member appeals by disposition received by HHSC Health Plan Management, and resolution of the appeals;
 - (d) The number of pediatric acute care therapy provider terminations and the reason for identified terminations;
 - (e) The utilization of pediatric acute care therapy services by therapy type and provider type;
 - (f) The number of members on a waiting list, defined as 1) those who have been referred to a provider or Medicaid Managed Care Organization, but there is not a treating therapist to perform an initial assessment, and 2) those who have been assessed, but are unable to access pediatric acute care therapy services due to insufficient network capacity; and
 - (g) The number of pediatric acute care therapy providers no longer accepting new clients and the reason for identified panel closures.

HHSC shall submit the ~~quarterly~~biannual reports to the Legislative Budget Board and the Governor in a format specified by the Legislative Budget Board ~~no later than 30 days after the end of each fiscal quarter~~. HHSC shall ensure standardized collection of data to obtain all data used in the report. HHSC shall develop a process for pediatric therapy providers to submit data directly to HHSC for items (f) and (g), using feedback obtained from relevant stakeholders.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Women’s Health Programs: Savings and Performance Reporting

Prepared by LBB Staff, 02/26/2021

Overview

Accept the Health and Human Services Commission’s request to amend Rider 37, Women’s Health Programs: Savings and Performance Reporting, to update certain reporting requirements.

Required Action

On page II-72 of the Health and Human Services Commission’s bill pattern, amend the following rider:

37. **Women’s Health Programs: Savings and Performance Reporting.** The Health and Human Services Commission shall submit an annual report on the Healthy Texas Women (HTW), Family Planning Program (FPP), and Breast and Cervical Cancer Services Program, due August 1 of each year, to the Legislative Budget Board and the Governor’s Office that includes the following information:

- (a) Enrollment levels of targeted low-income women and service utilization by geographic region, including total number of unduplicated patients served, delivery system, and age from the prior two fiscal years;
- (b) Savings or expenditures in the Medicaid program that are attributable to enrollment levels as reported in section (a);
- (c) Descriptions of all outreach activities undertaken for the reporting period;
- (d) The total number of providers, by geographic region, enrolled in HTW and FPP networks, and providers from legacy Women’s Health Programs (including Texas Women’s Health Program) not to include duplications of providers or ancillary providers;
- (e) The average and median numbers of program clients, and the total number of unduplicated patients served, detailed by provider;
- (f) The count of women in HTW and FPP receiving a long-acting reversible contraceptive;
- (g) The service utilization by procedure code. The annual report submitted as required above must satisfy federal reporting requirements that mandate the most specific, accurate, and complete coding and reporting for the highest level of specificity;
- (h) Total expenditures, by method of finance and program; and
- (i) ~~Number of unduplicated women auto-enrolled into HTW from Medicaid for Pregnant women.~~ Number of unduplicated women who are determined eligible and enrolled into HTW after their Medicaid for Pregnant Women ends.

It is the intent of the Legislature that if the findings of the report show a reduction in women enrolled or of service utilization of greater than ten percent relative to the prior two fiscal years, the agency shall, within existing resources, undertake corrective measures to expand provider capacity and/or client outreach and enrollment efforts.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Education Funding

Prepared by LBB Staff, 02/26/2021

Overview

Accept the Health and Human Services Commission’s request to amend Rider 43, Education Funding, to reflect actual practice.

Required Action

On page II-76 of the Health and Human Services Commission’s bill pattern, amend the following rider:

- 43. **Education Funding.** Included in the Method of Financing in Other Funds above is \$16,498,102 in each fiscal year set aside from the Special Education Allotment and transferred to the Health and Human Services Commission (HHSC).

HHSC shall enter into an ~~Memorandum of Understanding (MOU)~~Interagency Contract (IAC) with the Texas Education Agency for the purpose of providing funds to Early Childhood Intervention contractors for eligibility determination and comprehensive and transition services. The ~~MOU~~IAC shall include a listing of the specific services that the funding will support and other provisions the agencies deem necessary. HHSC shall provide a signed copy of the ~~MOU~~IAC to the Legislative Budget Board and the Governor, no later than October 1, 2022.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Reporting on Early Childhood Intervention

Prepared by LBB Staff, 02/26/2021

Overview

Accept the Health and Human Services Commission’s (HHSC) request to amend Rider 45, Reporting on Early Childhood Intervention, to change report due date.

Required Action

On page II-77 of the Health and Human Services Commission’s bill pattern, amend the following rider:

45. **Reporting on Early Childhood Intervention.** The Health and Human Services Commission (HHSC) shall submit the following to the Legislative Budget Board and the Governor’s Office as it relates to Strategies D.1.3, ECI Services and D.1.4, ECI Respite and Quality Assurance in a format specified by the Legislative Budget Board:
- (a) Annual report due ~~December~~ March 1st that details:
 - (1) By provider and month of service:
 - (A) Number of children receiving follow along services and total number of children served in comprehensive services;
 - (B) Total amount reimbursed; and
 - (C) Number of hours of service delivered by service type and Medicaid versus Non-Medicaid within each service type.
 - (2) Total amount collected from private insurance, family cost share, and other local sources;
 - (3) Percent of program funded by Medicaid;
 - (4) Average time for complaint resolution; and
 - (5) Average monthly number of children receiving respite services.
 - (b) Report that provides, for each contractor: the number of children to be served and total ECI program budget, including Medicaid amounts; the HHSC appropriation allocation; the ECI contract amount; and other contractor revenue including actual Medicaid collections for Medicaid Administrative Claiming, Targeted Case Management, and Specialized Skills Training. The report shall be submitted two separate times, within 30 calendar days of the following milestones being reached:
 - (1) Finalization (signing) of contracts; and
 - (2) Finalization of mid-year adjustments to the contracts.
 - (c) In the event that notification is given of intent to terminate a contract, HHSC shall provide a report on the date notice was received, the date of when termination is effective, and any termination plans related to the notice. HHSC shall provide the report as soon as all reporting information is available.

(d) Any other information requested by the Legislative Budget Board or the Governor's Office.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Report on Child Advocacy Centers and Court Appointed Special Advocates

Prepared by LBB Staff, 02/26/2021

Overview

Accept the Health and Human Services Commission’s request to amend Rider 51, Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs, to change report due date.

Required Action

On page II-79 of the Health and Human Services Commission’s bill pattern, amend the following rider:

51. Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs.

(a) Included in appropriations above in Strategy F.3.2, Child Advocacy Programs, is \$13,484,082 in General Revenue, \$5,114,922 in General Revenue - Dedicated Compensation to Victims of Crime Account No. 0469, and \$5,000,000 in General Revenue - Dedicated Sexual Assault Program Account No. 5010 in each fiscal year for the purpose of entering into a contract with a statewide organization that shall provide training, technical assistance, evaluation services, and funds administration to support contractual requirements for local children’s advocacy center programs. The statewide organization must be exempt from federal income taxation and be composed of individuals or groups of individuals who have expertise in the establishment and operation of children’s advocacy center programs.

(b) Included in appropriations above in Strategy F.3.2, Child Advocacy Programs, is \$9,835,578 in General Revenue, \$5,114,922 in General Revenue - Dedicated Compensation to Victims of Crime Account No. 0469, and \$13,500 in License Plate Trust Fund Account No. 0802 in each fiscal year for the purpose of entering into a contract with a statewide organization that shall provide training, technical assistance, and evaluation services for the benefit of local volunteer advocate programs. The statewide organization must be exempt from federal income taxation and be composed of individuals or groups of individuals who have expertise in the dynamics of child abuse and neglect and experience in operating volunteer advocate programs.

(c) Unexpended balances in Strategy F.3.2, Child Advocacy Programs, remaining as of August 31, 2022, are appropriated for the same purposes for the fiscal year beginning September 1, 2022.

(d) No later than December ~~15~~¹ of each fiscal year, the Health and Human Services Commission shall submit a report detailing the expenditures of funds appropriated in Strategy F.3.2, Child Advocacy Programs. The report shall include information demonstrating continuity of service from the previous fiscal year, services provided and the number of children for whom the services were provided, the amount of grants awarded in each of the categories listed above, the amount of expenditures for administration, the amount of expenditures from General Revenue - Dedicated Compensation to Victims of Crime Fund Account No. 0469, and General Revenue - Dedicated Sexual Assault Program Account No. 5010, oversight activities conducted relating to the child advocacy programs, and an analysis of the effectiveness of the contracts awarded in subsections (a) and (b). The report shall be submitted to the

Legislative Budget Board, the Governor, the Senate Finance Committee, and the House Appropriations Committee.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Independent Living Services

Prepared by LBB Staff, 03/10/2021

Overview

Accept the Health and Human Services Commission’s request to add new rider concerning independent living services, requiring a report.

Required Action

On page II-XX of the Health and Human Services Commission’s bill pattern, add the following rider:

XX. Independent Living Services Review.

(a) Out of funds appropriated above, the Health and Human Services Commission (HHSC) shall provide an annual report by December 31 of each year to the Legislative Budget Board, Office of the Governor, the Chair of the House Appropriations Committee, the Chair of the Senate Finance Committee, Lieutenant Governor, Speaker of the House of Representatives, and the Texas Workforce Commission on the use of funds appropriated above in Strategy F.2.1, Independent Living Services, by the Centers for Independent Living (CILs), including the number of consumers served, breakdown of services provided, performance targets, and any other information HHSC deems necessary to ensure accounting of the use of funds in Strategy F.2.1, Independent Living Services.

(b) Out of funds appropriated above, HHSC shall conduct a study of the Independent Living Services (ILS) program, which shall: evaluate the ILS grants and outsource model; assess if the ILS model of service provision is meeting the needs of Texans with disabilities; consider alternate methods to reduce administrative costs; explore utilization of funds and progress of the CILs to obtain alternative or additional funding for operational expenses; maximize funds for the provision of services to consumers; increase collaboration with partners; ensure the provision of No Wrong Door and Wrap-around services; and evaluate whether the number of consumers served has increased due to outsourcing of the program. Additionally, the study will evaluate the roles and responsibilities of the Designated State Entity to identify strengths, weaknesses, risks and opportunities for improvement, and expand the provider base for the services to provide improved support, budgetary flexibility, and added benefits to the provider base. HHSC shall submit a report and findings to the Legislative Budget Board, Office of the Governor, the Chair of the House Appropriations Committee, the Chair of the Senate Finance Committee, Lieutenant Governor, and the Speaker of the House of Representatives by December 1, 2022.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
State-Owned Housing

Prepared by LBB Staff, 02/26/2021

Overview

Accept the Health and Human Services Commission’s request to update the listing of positions in Rider 64, State-Owned Housing.

Required Action

On page II-84 of the Health and Human Services Commission’s bill pattern, amend the following rider:

64. **State-Owned Housing.** The Superintendent, Medical Director, Assistant Superintendent ~~for Programs~~, and Director of Plant Maintenance at each state hospital and the Director, Medical Director, Assistant Director for Programs, and Director of Plant Maintenance at each state supported living center are authorized to live in state-owned housing at a rate determined by the Health and Human Services Commission (HHSC). Other HHSC employees may live in state-owned housing as set forth in Article IX, §11.02, Reporting Related to State Owned Housing, of this Act. Fees for employee housing are appropriated above to be used for maintaining employee housing.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Intellectual and Developmental Disabilities (IDD) Crisis Funding

Prepared by LBB Staff, 03/02/2021

Overview

Accept the Health and Human Services Commission’s request to add new rider to allow for unexpended balance authority for IDD crisis funding in Strategy F.1.3, Non-Medicaid IDD Community Services.

Required Action

On page II-XX of the Health and Human Services Commission’s bill pattern, add the following rider:

XX. Unexpended Balances: Intellectual and Developmental Disabilities (IDD) Crisis Funding. Included in amounts appropriated above in Strategy F.1.3, Non-Medicaid IDD Community Services, is \$14,000,000 in General Revenue in each fiscal year of the biennium for crisis intervention and respite services. Any unexpended and unobligated balances remaining as of August 31, 2022, are appropriated for the same purposes for the fiscal year beginning September 1, 2022.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Reimbursement of Advisory Committee Members

Prepared by LBB Staff, 02/26/2021

Overview

Accept the Health and Human Services Commission’s request to amend Rider 97, Reimbursement of Advisory Committee Members, to add the Chronic Kidney Disease Task Force.

Required Action

On page II-105 of the Health and Human Services Commission’s bill pattern, amend the following rider:

97. **Reimbursement of Advisory Committee Members.** Pursuant to Government Code §2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above - not to exceed a total of \$242,532 each fiscal year, is limited to the following advisory committees: Hospital Payment Advisory Committee, Medical Care Advisory Committee, State Medicaid Managed Care Advisory Committee, Intellectual and Developmental Disability System Redesign Advisory Committee, Drug Utilization Review, Behavioral Health Advisory Committee, Perinatal Advisory Council, Policy Council for Children and Families, Texas Council on Consumer Direction, Nursing Facility Administrators Advisory Committee, Early Childhood Intervention Advisory Council, Board for Evaluation of Interpreters, Joint Committee on Access and Forensic Services, Palliative Care Interdisciplinary Advisory Council, Texas Medical Disclosure Panel, Aging and Disability Resource Center Advisory Committee, Aging Texas Well Advisory Committee, STAR Kids Managed Care Advisory Committee, Texas Brain Injury Advisory Council, Chronic Kidney Disease Task Force, and Texas Respite Advisory Committee.

To the maximum extent possible, the Health and Human Services Commission shall encourage the use of videoconferencing and teleconferencing and shall schedule meetings and locations to facilitate the travel of participants so that they may return the same day and reduce the need to reimburse members for overnight stays.

By: _____

Health and Human Services Commission, Article II
Proposed Funding and Rider
Cost Effective Treatment for Chronic Hepatitis C Virus

Prepared by LBB Staff, 03/15/2021

Overview

Increase appropriations to the Health and Human Services Commission by \$646,736 in General Revenue Account No. 1, \$10,000,000 in General Revenue Match for Medicaid No. 758, and \$15,562,372 in Federal Funds in fiscal year 2022, and by \$646,736 in General Revenue Account No. 1, \$10,000,000 in General Revenue Match for Medicaid No. 758, and \$15,608,195 in Federal Funds in fiscal year 2023 for the purpose of expanding access to direct acting antiviral medications for Medicaid enrollees and state hospitals residents diagnosed with chronic Hepatitis C Virus. Add a rider identifying the appropriation.

Required Action

- 1) On page II-39 on the Health and Human Services Commission (HHSC) bill pattern, include appropriations by \$646,736 in General Revenue Account No. 1, \$10,000,000 in General Revenue Match for Medicaid No. 758, and \$15,562,372 in Federal Funds in fiscal year 2022, and by \$646,736 in General Revenue Account No. 1, \$10,000,000 in General Revenue Match for Medicaid No. 758, and \$15,608,195 in Federal Funds in fiscal year 2023.
- 2) On page II-40 of the HHSC bill pattern, increase appropriations in Strategy A.1.6, Medicaid Prescription Drugs, by \$25,562,372 in fiscal year 2022 and \$25,608,195 in fiscal year 2023.
- 3) On page II-42 of the HHSC bill pattern, increase appropriations in Strategy G.2.1, Mental Health State Hospitals, by \$646,736 in fiscal year 2022 and \$646,736 in fiscal year 2023.
- 4) On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Cost Effective Treatment for Chronic Hepatitis C Virus.**

- (a) Included in amounts appropriated above to the Health and Human Services Commission (HHSC) in Strategy A.1.6, Medicaid Prescription Drugs, is \$10,000,000 in General Revenue Funds and \$15,562,372 in Federal Funds in fiscal year 2022 and \$10,000,000 in General Revenue Funds and \$15,608,195 in Federal Funds in fiscal year 2023 to expand access to direct acting antiviral medications for Medicaid enrollees diagnosed with chronic Hepatitis C. Should the cost of providing direct acting antiviral medications to Medicaid enrollees diagnosed with chronic Hepatitis C exceed the amounts identified in this subsection, HHSC shall utilize transfer authority provided in Rider 85. Limitations on Transfer Authority, to transfer appropriations from elsewhere in Goal A, Medicaid Client Services, to Strategy A.1.6, Medicaid Prescription Drugs, for this purpose.

- (b) Included in amounts appropriated above to HHSC in Strategy G.2.1, Mental Health State Hospitals, is \$646,736 in General Revenue Funds in fiscal year 2022 and \$646,736 in General Revenue Funds in fiscal year 2023 to expand access to direct acting antiviral medications for state hospital residents diagnosed with chronic Hepatitis C. Notwithstanding Rider 85, Limitations on Transfer Authority, should the cost of providing direct acting antiviral medications to state hospital residents diagnosed with chronic Hepatitis C exceed the amount identified in this subsection, HHSC may transfer up to \$1,278,038 in General Revenue in fiscal year 2022 and \$282,404 in General Revenue in fiscal year 2023

from elsewhere in the agency’s budget to Strategy G.2.1, Mental Health State Hospitals, for this purpose. This authority is contingent upon HHSC providing notification to the Legislative Budget Board and Governor within 15 business days of making the transfer. The notification shall include the strategies from which the transfer was made and the amount transferred.

(c) Amounts identified in subsection (a) assume HHSC will pursue a rebate agreement, such as a subscription model described by the report completed by HHSC under the provisions of HHSC Rider 40, Hepatitis C Treatment Access, of House Bill 1, Eighty-sixth Legislature, Regular Session, 2019, with drug manufacturer(s) for direct acting antiviral medications provided to Medicaid enrollees diagnosed with chronic Hepatitis C that ensures the state receives the lowest net cost for these prescription drugs and maximizes the number of enrollees treated.

5) Adjust agency totals, method-of-finance totals, and performance measures accordingly.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Individualized Skills and Socialization

Prepared by LBB Staff, 03/15/2021

Overview

Add a rider allowing the Health and Human Services Commission to allowing the agency to transfer appropriations to certain Medicaid long-term care waiver programs for the purpose of providing reimbursement for an individualized skills and socialization benefit.

Required Action

On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____. **Individualized Skills and Socialization.**

(a) Notwithstanding the limitations in Rider 85, Limitations on Transfer Authority, subsection (a)(1)(B) regarding transfers between and into strategies in Goal A, Objective 3, Long-term Care – Non-entitlement, and Article II, Special Provisions § 12, Rate Limitations and Reporting Requirements, and contingent upon the Health and Human Services Commission (HHSC) transitioning the day habilitation benefit in the Home and Community-based Services (HCS), Deaf-Blind Multiple Disabilities (DBMD), and Texas Home Living (TxHmL) waiver programs to an individualized skills and socialization (ISS) benefit, HHSC may transfer appropriations from elsewhere in Goal A, Medicaid Client Services, to Strategy A.3.1, Home and Community-based Services, Strategy A.3.3, Deaf-Blind Multiple Disabilities, and Strategy A.3.4, Texas Home Living Waiver, to provide reimbursement for the provision of ISS services in the HCS, DBMD, and TxHmL waiver programs.

(b) Authority provided in subsection (a) of this provision is contingent upon HHSC requiring ISS providers to submit community engagement plans.

By: Sen. Kolkhorst

Health and Human Services Commission, Article II
Proposed Rider
Reporting Requirement: COVID-19 Funding to Nursing Facilities and Hospitals

Prepared by LBB Staff, 03/18/2021

Overview

Add a rider requiring the Health and Human Services Commission to report on the total value of temporary rate increases provided to nursing facilities in the 2020-21 biennium.

Required Action

On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____.
Reporting Requirement: COVID-19 Funding to Nursing Facilities and Hospitals. Out of funds appropriated above in Strategy B.1.1, Medicaid Contracts and Administration, the Health and Human Services Commission (HHSC) shall develop a report detailing the total value of COVID-19-related Federal Funds, including Provider Relief Funds, provided directly to nursing facilities and hospitals contracting with HHSC since the beginning of the public health emergency. The report should include any temporary rate increases provided to nursing facilities related to the COVID-19 pandemic. HHSC shall submit the report to the Governor, Legislative Budget Board, and any appropriate standing committee in the Legislature on December 1st and June 1st of each fiscal year. The format and content of the report shall be specified by the Legislative Budget Board and posted on the HHSC website.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
Health and Human Services Cost Containment

Prepared by LBB Staff, 03/15/2021

Overview

Reinstate and amend Rider 19, Health and Human Services Cost Containment.

Required Action

On page II-62 of the Health and Human Services Commission bill pattern, reinstate and amend former Rider 19:

_____. **Health and Human Services Cost Containment.** The Health and Human Services Commission (HHSC) shall develop and implement cost containment initiatives to achieve savings of at least \$350,000,000 in General Revenue Funds for the ~~2020-24~~2022-23 biennium throughout the health and human services system. These initiatives shall include increasing fraud, waste, and abuse prevention and detection; seeking to maximize federal flexibility under the Medicaid program in compliance with Government Code, Chapter 537, and achieving other programmatic and administrative efficiencies. HHSC shall provide an annual report on the implementation of cost containment initiatives to the Legislative Budget Board by December 1. It is the intent of the legislature that HHSC shall achieve savings without adjusting amount, scope, or duration of services or otherwise negatively impacting access to care. It is the intent of the legislature that prior to making any changes, HHSC shall consider stakeholder input, including complying with any statutory requirements related to rulemaking and public hearings. This rider shall not be construed as limiting HHSC's ability to maximize federal flexibility under the Medicaid program, including federal flexibility that may impact amount, scope, or duration or services.

By: _____

Health and Human Services Commission, Article II
Proposed Rider
STAR+PLUS Pilot Program and Medically Fragile Benefit

Prepared by LBB Staff, 03/16/2021

Overview

Add a rider providing the Health and Human Services Commission authority to transfer General Revenue out of Strategies in Goal A, Medicaid Client Services, for the purpose of completing activities necessary to implement the STAR+PLUS Pilot Program and Medically Fragile Benefit.

Required Action

On page II-XX of the Health and Human Services Commission bill pattern, add the following rider:

_____.
STAR+PLUS Pilot Program and Medically Fragile Benefit. Notwithstanding the limitations in Health and Human Services Commission (HHSC) Rider 85, Limitations on Transfer Authority, HHSC may transfer \$2,594,005 in General Revenue in fiscal year 2022 and \$2,447,335 in General Revenue in fiscal year 2023 out of Strategies in Goal A, Medicaid Client Services, for the purposes of completing activities necessary to implement the STAR+PLUS Pilot Program and Medically Fragile Benefit required by House Bill 4533, Eighty-sixth Legislature, 2019. General Revenue transferred for this purpose shall be allowed between strategies as follows:

- (a) Strategy B.1.1, Medicaid Contracts and Administration, \$2,564,276 in fiscal year 2022 and \$1,472,803 in fiscal year 2023;
- (b) Strategy H.1.1, Facility/Community-based Regulation, \$400,946 in fiscal year 2023;
- (c) Strategy I.3.2, TIERS Capital Budget Projects, \$502,598 in fiscal year 2023; and
- (d) Strategy L.1.1, HHS System Supports, \$29,729 in fiscal year 2022 and 70,988 in fiscal year 2023.

Notwithstanding the limitations of Article IX, Section 6.10, Limitations on State Employment Levels, HHSC may increase the “Number of Full Time Equivalents (FTE)” identified in the agency’s bill pattern 2.0 in fiscal year 2022 and 14.0 in fiscal year 2023 for the purpose of carrying out activities necessary to implement the STAR+PLUS Pilot Program and Medically Fragile Benefit.

Health and Human Services
Proposed Rider
Prioritization of Certain Federal Funds

Prepared by LBB Staff, 03/15/2021

Overview

Add a rider directing the Health and Human Services Commission (HHSC) to prioritize the use of federal funding received, including federal funds for COVID-19 response.

Required Action

On page II-XX of the Health and Human Services bill pattern, add the following rider:

_____. **Prioritization of Certain Federal Funds.**

(a) **Authority.**

1. Upon receipt or notice of future receipts of any federal funds appropriated under Article IX, Sec. 13.01, Federal Funds/Block Grants, and notwithstanding the reporting and approval requirements of Article IX, Sec. 13.02. Report of Additional Funding, in this Act, if the Health and Human Services Commission (HHSC) receives additional federal grants, allocations, aid, payments, or reimbursements that provide flexibility for HHSC to determine the use of funds, HHSC shall prioritize and may expend the additional federal funds for the purposes specified in Subsection (b) of this Rider.

2. Notwithstanding the reporting and approval requirements in Special Provisions Relating to All Health and Human Services Agencies, Sec. 4, Federal Match Assumptions and Limitations on Use of Available General Revenue Funds, in the event that General Revenue is made available by the Federal Medical Assistance Percentage (FMAP) or Enhanced FMAP being more favorable than the rate assumed in the General Appropriations Act, HHSC shall prioritize and may expend the General Revenue made available for the purposes specified in Subsection (b) of this Rider.

3. HHSC must follow all applicable state and federal law, regulations, and guidance in determining the use of additional federal funding.

4. The use of funds described by this Subsection for purposes other than those provided in Subsection (b) 1 of this Rider shall continue to be governed by Article IX, Sec. 13.01; Article IX, Sec. 13.02; Special Provisions, Sec. 4; and other appropriate authority provided elsewhere in this Act.

5. Authority provided in this subsection is contingent upon HHSC providing prior written notification to the Legislative Budget Board and the Governor.

6. HHSC may use available General Revenue Funds as the state match for federal funds described in this Rider, provided that the use of General Revenue Funds does not create an appropriation shortfall for existing programs or create

additional costs in future biennia. Available General Revenue Funds include funds identified in Subsection (a) 2 of this Rider.

(b) Priorities for Use of Certain Federal Funds and Available General Revenue.

1. HHSC shall execute this section by funding the items listed below in Subsection (b) 2 by first utilizing any applicable COVID-19--related federal funding received by the agency allowed for such purposes. If such COVID-19 funding is not sufficient to cover all of the items below, or if funding for the identified purpose is not permitted by COVID-19 funding, the agency shall utilize any federal funding identified in Subsection (a) 1 of this rider. If the agency does not receive federal funding as described in this section, then the agency shall utilize General Revenue identified in Subsection (a) 2 to prioritize the items listed in Subsection (b) 2.

2. HHSC shall prioritize the following in determining the use of funds identified in Subsections (b) 1 and (a) 1 of this Rider:

A) Administration and Construction, including:

- a. One-time Information Technology capital projects that will be initiated within the current biennium, including the Medicaid Management Information System (MMIS), Cybersecurity, and Winters Data Center Environment Protection Services;
- b. One-time capital construction, deferred maintenance, or repair and renovation projects for facilities owned and operated by HHSC, including projects related to fire, electrical and plumbing systems, anti-ligature remediation, and roofing; and

- c. Migration of the agency Accounts Receivable Tracking System (ARTS) to the Centralized Accounting and Payroll/Personnel System (CAPPS) Financials.

B) Provider Supports, including:

- a. To provide all or partial reimbursement to providers necessary to meet new or modified regulatory requirements;
- b. To reimburse HHSC for increased operational and administrative personnel costs, including overtime and compensatory time, related to disaster response, including staff to address long-term care regulatory backlog; and
- c. To reimburse for increased emergency expenditures necessary to ensure the health and safety of Texans receiving care from state-owned and -operated health care providers.

- C) Additional administrative and programmatic functions implemented in response to an emergency that can be supported fully by federal funds.

(c) Capital Budget Authority

Notwithstanding Article IX, Sec. 14.03, Transfers – Capital Budget, in this Act, if HHSC determines that funds will be used for new one-time capital projects described in Subsection (b) of this rider, HHSC is authorized to transfer from a non-capital budget item to an existing capital budget item or a new capital budget item not present in the agency’s bill pattern contingent upon HHSC providing prior written notification to the State Auditor’s Office, the Comptroller of Public Accounts, the Legislative Budget Board, and the Governor.

(d) Full-Time-Equivalent (FTE) Authority.

Any additional FTEs employed for the purposes specified in this Rider are subject to the authority and limitations of Article IX, Sec. 6.10, Limitation on State Employment Levels, in this Act, including authority for employment directly associated with events declared disasters by the Governor. No provision of this Rider shall be construed to exempt HHSC from limitations on state employment levels in this Act.

By: _____

**Article II, Special Provisions Relating to All Health and Human
Services Agencies
Proposed Rider
Limitation on Transfer Authority**

Prepared by LBB Staff, 03/02/22021

Overview

Amend Special Provisions Related to All Health and Human Services Agencies, Section 6, Limitations on Transfer Authority, to allow transfers between all health and human services agencies, with written notification or approval.

Required Action

On page II-120 of the Special Provisions Relating to All Health and Human Services Agencies, amend the following rider:

Sec. 6. Limitations on Transfer Authority. Notwithstanding the limitations of Article IX, §14.01, Appropriation Transfers, of this Act, the Executive Commissioner of the Health and Human Services Commission is authorized to make transfers of funding and full-time equivalents (FTEs) between the ~~Department of State Health Services and the Health and Human Services Commission (HHSC)~~ all health and human services agencies listed in Article II of this Act, subject to the following requirements. Transfers that exceed \$1,000,000 in General Revenue or FTE adjustments of more than 10.0 FTEs are subject to the prior written approval of the Legislative Budget Board and the Governor. Transfers below these thresholds require written notification to the Legislative Budget Board and Governor within 30 days of the transfer. The total of all transfers from a strategy may not exceed \$1,000,000 without the prior written approval of the Legislative Budget Board and the Governor.

To request a transfer, the Executive Commissioner of HHSC shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:

- a. a detailed explanation of the purpose(s) of the transfer, including the following:
 - (1) a description of each initiative with funding and FTE information by fiscal year; and
 - (2) an indication of whether the expenditure will be one-time or ongoing;
- b. the names of the originating and receiving agencies and/or strategies and the method of financing and FTEs for each strategy by fiscal year;
- c. an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving agencies and/or strategies; and
- d. the capital budget impact.

Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.

In the case of disaster or other emergency, this provision is superseded by the emergency-related transfer authority in Article IX of this Act.

By: _____

Article II, Special Provisions Relating to All Health and Human Services Agencies
Proposed Rider
System Support Services

Prepared by LBB Staff, 03/02/2021

Overview

Amend Special Provisions Relating to All Health and Human Services Agencies, Section 9, Enterprise Support Services, to identify appropriation for system support services; require additional information regarding system support services to be submitted to the Legislative Budget Board and Governor; allow the Health and Human Services Commission to transfer appropriation for system support services to the Department of Family and Protective Services and Department of State Health Services with prior written notification; and prohibit expenditure of appropriation for system support services for other purposes without prior written approval.

Required Action

On page II-123 of Special Provisions Relating to All Health and Human Services Agencies, amend the following rider:

Sec. 9. Enterprise System Support Services. ~~None of the funds appropriation above shall be budgeted, assessed, or expended for enterprise support services unless the following requirements are met:~~

- (a) Appropriations for System Support Services. Included in amounts appropriated in Article II of this Act are the following amounts for Article II system support services assessments:
 - (1) \$107,757,442 in All Funds in each fiscal year at the Department of Family and Protective Services (DFPS);
 - (2) \$40,883,990 in All Funds in each fiscal year at the Department of State Health Services (DSHS); and
 - (3) \$375,963,415 in All Funds in each fiscal year at the Health and Human Services Commission (HHSC).

Amounts in this subsection do not include benefits, which are appropriated elsewhere in this Act.

- (b) None of the funds appropriated to an agency listed in Article II of this Act shall be expended for system support services unless the following requirements are met:
 - (1) Reporting Requirements. HHSC shall submit the following information at the agency and system level to the Legislative Budget Board and the Governor:
 - (A) Annual Assessments. ~~The Executive Commission of the Health and Human Services Commission shall submit to the Legislative Budget Board and the Governor by~~ By September 1 of each fiscal year, a report that indicates the amounts assessed for enterprise support services for the new and two prior fiscal years. ~~The report shall include the following information at both the agency and enterprise levels:~~
 - (i) amounts assessed for system support services, by service category and fund type, for the new fiscal year; and
 - (ii) ~~amounts by major fund type~~ signed copies of any agreements between the agencies regarding system support services for the new fiscal year.
 - (B) Annual Expenditures. ~~No later than~~By October 1 of each year, the Executive Commissioner shall submit to the Legislative Budget Board and the Governor a report

~~that provides information about actual annual expenditures for enterprise support services for the two prior fiscal years. The report shall include the following information at both the agency and enterprise level:~~

- (i) ~~amounts~~ actual expenditures for system support services, by service category and fund type, for the three prior fiscal years; and
- (ii) ~~amounts by major fund type~~ the amount each agency's actual expenditures for system support services have changed since submission of the prior year's report.

DFPS and DSHS shall provide all necessary information to HHSC to complete the reports required by this subsection.

- (2) **Notification of Anticipated Increases.** ~~The Executive Commissioner~~ HHSC shall notify the Legislative Budget Board and the Governor if total expenditures for system support services are expected to in a timely manner about the anticipated increases that would exceed the amounts reported in subsection (a) by more than \$1,000,000 in combined General Revenue and General Revenue-Dedicated during the fiscal year or if HHSC implements any new projects or services not presented to the Legislature that will result in an increase in the amounts assessed to DFPS or DSHS. The notification shall include:

(A) the reason(s) for the increase;

(B) the estimated allocation of the increased cost between agencies by method-of-financing; and

(C) how each agency will fulfill their estimated contribution.

- (c) **Transfer of Appropriations for System Support Services.** Notwithstanding the limitations of Special Provisions Relating to All Health and Human Services Agencies, §6. Limitations on Transfer Authority, and Article IX, §14.01. Appropriation Transfers, HHSC may transfer funds appropriated to the agency for system support services to DFPS and DSHS. Transferred appropriations shall only be expended by the receiving agency for system support services. This authority only applies if the appropriations to be transferred are appropriated in HHSC Goal L, System Oversight and Program Support, and the transfer will not create or increase a supplemental need. This authority is contingent upon HHSC submitting prior written notification to the Legislative Budget Board and Governor. The notification shall include:

(1) the reason for the transfer;

(2) amounts to be transferred by agency, strategy, method-of-financing, and fiscal year; and

(3) the capital budget impact.

- (d) **Limitations on Expenditures.** Amounts identified in subsection (a) and any amounts transferred pursuant to subsection (c) of this rider shall not be expended for a purpose other than system support services without prior written approval from the Legislative Budget Board and the Governor. To request approval, the agency shall submit a written request to the Legislative Budget Board and the Governor that includes the following information:

(1) a detailed explanation of the proposed use(s) of the appropriations and whether the expenditure(s) will be one-time or ongoing;

(2) the amount by strategy and method-of-financing;

(3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act; and

(4) the capital budget impact.

The request shall be considered disapproved unless the Legislative Budget Board and the Governor issue written approval within 30 business days of the date on which the staff of the Legislative Budget Board concludes its review of the request to expend funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.

- (e) **Requests and Notification to Exceed.** ~~The Executive Commissioner shall notify the Legislative~~

~~Budget Board of the Governor about the anticipated impact of requests to exceed on enterprise support service category assessments, by agency and method of financing. Any requests or notifications submitted by an agency listed in Article II of this Act, pursuant to any rider or other provision of this Act, shall include the anticipated impact the request or notification will have on system support service assessments by agency and method of financing.~~

~~The information requested above shall be prepared and submitted in a format approved by the Legislative Budget Board.~~

The Comptroller of Public Accounts shall not allow the expenditure of funds for system support services, ~~including assessments and increased assessment~~ if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.

By: _____

Article II, Special Provisions Relating to All Health and Human Services Agencies
Proposed Rider
Appropriation of Receipts: Damages and Penalties

Prepared by LBB Staff, 03/02/2021

Overview

Amend Special Provisions Sec. 11, Appropriation of Receipts: Damages and Penalties, to expand the sources of revenue which count towards the Office of Inspector General's (OIG) contingent appropriation and to remove authority for OIG to retain collections in excess of appropriations.

Required Action

On page II-124 of Special Provisions Relating to All Health and Human Services Agencies, amend the following rider:

Sec. 11. Appropriation of Receipts: Damages and Penalties. Included in amounts appropriated by this Act are the following:

- (a) \$585,363 in Other Funds (Appropriated Receipts) in each fiscal year in Health and Human Services Commission (HHSC) Strategy H.1.2, Long-term Care Quality Outreach, collected pursuant to Human Resources Code §32.021. Any amount collected above this amount is to be applied to the protection of health and property of residents in nursing facilities in accordance with 42 U.S. Code §1396r(h)(2)(a)(ii) and Human Resources Code §32.021(g) subject to the approval of the Centers for Medicare and Medicaid Services;
- (b) \$707,435 in General Revenue Match for Medicaid in each fiscal year in HHSC Strategy K.1.1, Office of Inspector General, contingent upon the recovery of overpayments and collection of damages and penalties under Government Code §531.102 and Human Resources Code §32.039; and
- (c) \$390,000 in General Revenue in each fiscal year in Department of State Health Services (DSHS) Strategy C.1.1, Food (Meat) and Drug Safety, contingent upon the collection of civil penalties under Health and Safety Code §431.0585. Any amounts collected above ~~the~~this amounts ~~identified in subsections (b) and (c) by the respective agency are~~is appropriated to ~~the respective agency~~DSHS in amounts equal to the costs of the investigation and collection proceedings conducted under ~~Human Resources Code §32.039 or~~ Health and Safety Code §431.0585, and any amounts collected as reimbursement for claims paid by the agency.

In the event that actual and/or projected revenue collections are insufficient to offset the appropriations identified in subsections (b) or (c) of this provision, the Comptroller of Public Accounts is directed to reduce the appropriation authority provided above to be within the amount of revenue expected to be available.

By: _____

**Article II, Special Provisions Relating to All Health and Human
Services Agencies**

Unexpended Balance Authority for Certain Funds Supporting Capital Projects

Prepared by LBB Staff, 03/02/2021

Overview

Add a rider providing the Department of State Health Services and the Department of Family and Protective Services authority to transfer unexpended balances of appropriations for enterprise assessments billing for Health and Human Services Commission capital budget projects from fiscal year 2022 to fiscal year 2023.

Required Action

On page II-XX of Special Provisions Relating to All Health and Human Services Agencies, add the following rider:

XX. Unexpended Balance Authority for Certain Funds Supporting Capital Projects.

(a) Notwithstanding all other limitations on unexpended balance authority in the Department of State Health Services (DSHS) or Department of Family and Protective Services (DFPS) bill patterns, any unexpended and unobligated balances from amounts appropriated as of August 31, 2022, to DSHS or DFPS are appropriated for the same purposes for the fiscal year beginning September 1, 2022, subject to the limitations in subsection (b) of this rider.

(b) Unexpended balance authority provided by this rider is limited to funds that were appropriated to DFPS or DSHS to support enterprise assessment billing for an HHSC capital budget project and for which HHSC has used other authority provided by this Act to make appropriations for capital budget purposes made by this Act for use during the first year of the biennium available for use in the second year of the biennium for the same purpose.